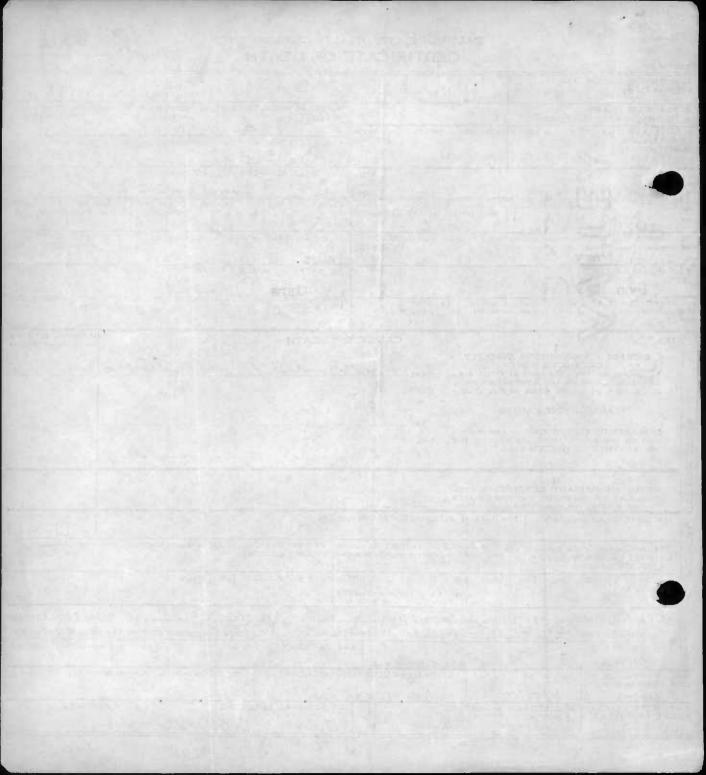
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3501 Registered No.

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	Rlopler		OF DEATH OF	10,1953
3. PLACE OF DEATH:  a. Baltimore City, Maryland	90	4. USUAL RESIDENCE (	Where deceased lived If ir B. COUNTY	stitution: residence before admission)
	tution, give street address or	1100		
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN	f outside corporate limits,	write RURAL and give township)
JOHNS HOPKINS HOS	PITAL	Daltmer	8	
	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c	Mos. Days	2408 1	Inden and	
5. SEX   6. COLOR OR RACE   7. SIN	GLE, MARRIED.	8. DATE OF BIRTH	9. AGE Iln years If I	nder 1 Year   If Under 24 Hours
T. IV	OWED, DIVORCED (Specify)	Qua. 21. 1870	last birthday) Mon	ths Days Hours Min.
	Vidowed	11. BIRTHPLACE (State or i		2. CITIZEN OF
10A. USUAL OCCUPATION (Give kind of lob. K rork done during most of working life, even if retired)	INDUSTRY	II. BIRGHPLACE (State of 1	toreign country)	WHAT COUNTRY?
Housewife	at home	Penna.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Simon Woul		Clare Ja	hmi	
15. WAS DECEASED EVER IN U. S. ARMED FORCES	1 16. SOCIAL	17. INFORMANT	AD	DRESS
(Yes, no or naknown) (If yes, give war or dates of service	SECURITY NO.	JOHNS HOPK	INS HOSPITAL,	DICESS
no	l no			
18. 470,1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY 7		', - '	
LEADING TO DEATH (This does not mean the mode of dying,	an mus	cardial.	ufarction	
heart failure, asthenia, etc. It means the di	sease,			*****
injury or complication which caused d	eath.) DUE TO			
ANTECEDENT CAUSES				
z	(B)			
DISEASES OR CONDITIONS, IF ANY, G				
UNDERLYING CONDITION LAST.				
<u>U</u>	(C)			
11				
OTHER SIGNIFICANT CONDITIONS				
TRIBUTING TO THE DEATH, BUT NOT REI				
19A. DATE OF OPERATION 1 19B. MA.	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
A A				YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	PLACE OF INJURY (e. g., i		(If in Baltimore City, gi	ve exact location)
LYING OR CONTRIBUTING about he	ome, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
S CAUSE OF BEATH	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	V OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour)			(1 0000)(1	
r	MHILE AT NOT WHILE			
22. I hereby certify that I attended	the deceased from 3	-28 1952to	4-10 1952	that I last saw the
deceased alive on +-10 195	and that death occur		the causes and on th	
23A. SIGNATURE				23c. DATE SIGNED
1 . h 7	U . b.	HOLKINS HOLKINS	HOSPITAL	
June 13. The 1	24C. NAME OF CEMETE	ERY OR CREMATORY   240	LOCATION (City, town,	or county) (State)
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C, NAME OF CEMETE	ERT OR CREMATORT 24B.	LOCATION (CILL) CONT.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Burial 1/13/52	Balto Hebre	ew Cem Bad	to Md.	
DATE RECEIVED BY   REGISTRAR'S SIGN		25. FUNERAL DIRECTOR	0 1/	ADDRESS
ADD 1 1957 Huntington	Vullaus, Nij.	11m. 4. /10	wener & S	Ms
TER I I JOSE I TO THE	21770	10/0	1	000 1
VS 150	Pine Mr.	3 4 1/7	balto 1	111a.



	400						50 0	200
	52	3502	BA	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered	52 3	SUC
BI	RTH NO.			/				
	NAME OF D ype or Print)	CARRIE EATH:	WR10	WALL		OF DEATH APT	il 10,	1952
4		City, Maryland			4. USUAL RESIDENCE (		f institution : r	
		or (If not in hospite		tion, give street address or location)	c. CITY OR TOWN (I	f outside corporate limi	ts, write RUR	AL and give township)
	gth of s	tay in Baltimore	اندا	Yrs. Mos. Days	D. STREET ADDRESS (I.		pro As	u;
	sex	6. COLOR OR RACE	WIDOV	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	onths Days	Hours Min.
1 C	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)		O OF BUSINESS OR INDUSTRY	Balliman		12. CITIZE WHAT	N OF COUNTRY
13	FATHER'S N	iorles A. W	all		14. MOTHER'S MAIDEN N			
Ye	. WAS DECEASE o, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Recor		ADDRESS	
NOLL	(This does heart failu injury or DISEASES	GE OR CONDITION : LEADING TO DEAT not mean the mode ore, asthenia, etc. It mean complication which of ANTECEDENT CAUS GOR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA	'H f dying, e. ns the disea. aused deatl ES ANY, GIVII STATING T	B., (A) CUR Se, (a.) DUE TO SUS (B)	of DEATH  ebral neas.	culor		L BETWEEN
うにという	TRIBUTING	II IGNIFICANT CONDI G TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED	\$			
CAL		_ 0		FINDINGS OF OPER		(It is Paleise Charles	YES	NO A
N L D		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	(If in Baltimore City,	give exact lo	cation)
	21D. TIME F INJURY	(Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?		
				deceased from 3/	22 , 1952 to rred at 435 m., from		the date sta	

23B. ADDRESS 23c. DATE SIGNED M. D. Moryland Queral Haspital 4/10/5
CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY Olivet Cem

Burial DATE RECEIVED BY LOCAL REGISTRAR

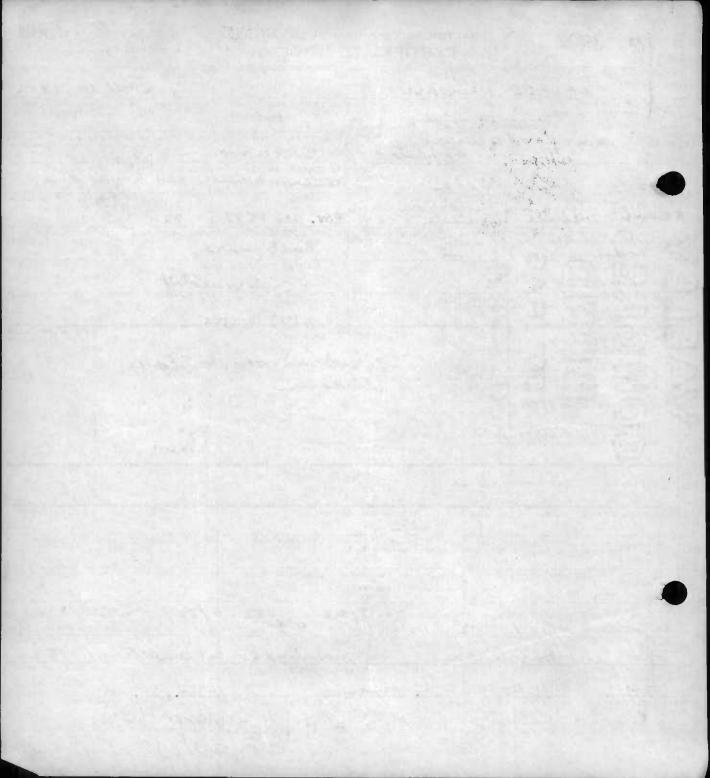
23A. SIGNATURE

h/12/52 REGISTRAR'S SIGNATURE

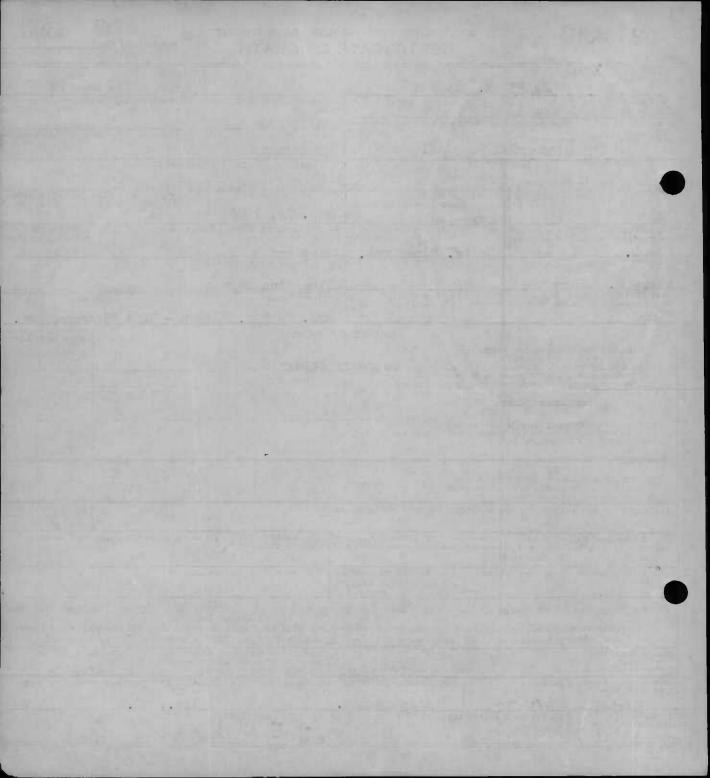
25 JUNERAL DRECTOR

ADDRESS

VS 150

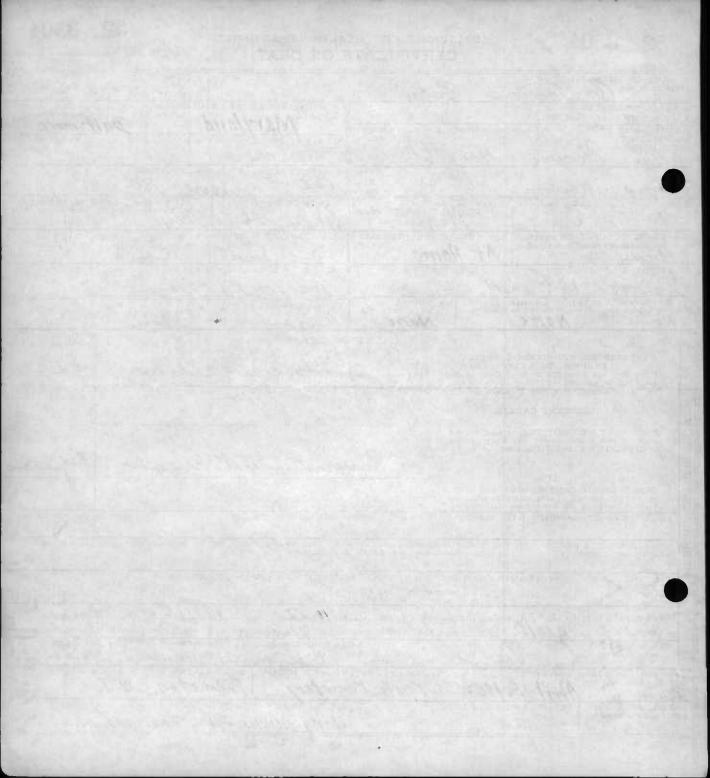


0	0							
52 3503 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH							52 d No	3503
В	IRTH NO.							
	NAME OF C	DECEASED HARRY	E. 7	PUCKEY		2. DATE OF DEATH API	ril 10,	1952
Α.		City, Maryland	el or inetitut	tion, give street address or	4. USUAL RESIDENCE A. STATE Marvland	(Where deceased lived B. COUNTY		n : residence fore admission)
H	OSPITAL OR	OF THOU IN HOSPIT	CEL OI TINGUILLE	location)		(If outside corporate li	mits, write R	IIRAL and give
11	ISTITUTION	Union Memori	al Hos		Baltimore	26	-01	township)
	noth of s	stav in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS	(If rural, give location)	,	
5	SEX	6. COLOR OR RACE	7 SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years	I II Under 1 Year	ff Under 24 Hours
	Mala			VED, DIVORCED (Specify)		last birthday)	Months Day	s Hours Min.
-	Male	White	Marr		Aug. 13, 1900	21		
wor	k done during most	CUPATION (Give kind of of working life, even if retired)	108. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITI WHA	ZEN OF AT COUNTRY?
13	Capt.	NAME	Ralto	Fire Dept.	Maryland 14. MOTHER'S MAIDEN	NAME		
10	Harry M.	ED EVER IN U. S. ARMEI	D FORCECS	L 16 COCIAI	Wilhelmina Wern	er		
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	no				Mrs. Mary E. T	uckey - 1201	Glermo	re Ave.
	18. 4	01		CAUSE	OF DEATH			RVAL BETWEEN
	DISEA	SE OR CONDITION					ONSE	AND DEATH
	(This does	s not mean the mode	of dying, e.	g. (A) Coronar	ry Artery Sclero	sis		
		are, asthenia, etc. It mea complication which		se,				
		ANTECEDENT CAUS						
_		ANTECEDENT CAO.	323	(B)				
O	DISEASE	S OR CONDITIONS, I	F ANY, GIVI	NG		***************************************		***************************************
RTIFICATION		YING CONDITION LA		(C)				
Ü				(0)				
E	OTHER	II SIGNIFICANT COND	ITIONS COL	N -				
R	TRIBUTING	G TO THE DEATH, BUT	NOT RELATI	ED				
CE		F OPERATION 11		FINDINGS OF OPER	ATION		1 20.	AUTOPSY?
1							YES	
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB-	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore Cit	y, give exact	location)
ME		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJU	IRY OCCUR?		
	OF INJURY		m.	WHILE AT NOT WHILE				
h	22. I certi	fu that I took char		remains described a	hove held an 8	utopsv	thomas	on and from
					Autops	y, Inspection or Inqui	ry	
	and de	eath in my opinion	resulted f	ppsy, Inspection or I from: <u>natural causes</u>	nquiry, find that said ∑, accident □, suicid	de 🗌, homieide 🗌	the day s , undeterm	tated above, ined $\Box$ .
	23A. SIGNA		Du	lacher	238. CHIEF MEDICA ASSISTANT MEDICA D. MEDICAL INVESTIG	L EXAMINER	23c. DATE	SIGNED
24 TI	AA. BURIAL, ON, REMOVAL (S	CREMA- 24B DATE	N DO	24c. NAME OF CEMETER	RY OR CREMATORY   24D.		wn, or county	) (State)
	Buri		52	Baltimore Cem		Balto. Md.		
D	ATE RECEIVE	D BY   REGISTRAR'	SISIGNATI		25 FUNERAL DIRECTO	R	A/ODRES	ss
6.5	D 1.1 19	52" Tunling		E 2 B 3	3/ Ser 5/ 0/1	changes V	Val	
书	S 151		-	3/20	W. 1. 1. 1/V	V KNWV 1	1	9/1/1
3	- 1/1			7629	2	Dell	11	VVV



	CERTIFICATE OF DEATH	Registered No.
4	0.1.11	2. DATE VILLE

E	CERTIFICA	TE OF DEATH	
	NAME OF DECESED Type or Print) OX, Gertrude Cakill	2. DATE OF DEATH Y/11/52	
	Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution; residue).  B. COUNTY before a	idence dmission)
F	SFULL NAME OF (If not in hospital or institution, give street address location NSTITUTION  Memorial Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAI	
-	Yrs Moo Day	8. 125 15 0/10 11/1/	
m/	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Control of the Color of the Colo		nder 24 Hours urs Min.
	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rk dopeduring most of working life, even if retired)  At Home	RY N. BIRTHPLACE (State or foreign country) 12. CITIZEN WHAT CO	
1	Ferre W. Pakill	Margaret Hyun	/
A	MAS DECLASED EVER IN U. S. ARMED FORCES? es, no or analyticown)  (If yes, give war or dates of service)  None  None	17. INFORMANT ADDRESS  Husbead Lane	/
	18. 4/6 X CAUSI	E OF DEATH INTERVAL ONSET AN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	Pulmonay elema 4h	me
MOITA	ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
חשודם	OTHER SIGNIFICANT CONDITIONS CON-	lumatic heart disease ? ye	us
A C	TO THE DISEASE OR CONDITION CAUSING IT.		***************************************
10	19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	PERATION 20, AUT	NO .
FDICA		g., in or 21C. WHERE DID (If in Baltimore City, give exact located and selection) INJURY OCCUR?	tion)
2	TINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUE  WHILE AT NOT WHI  AT WORK AT WORK	ILE [ ]	
	22. I hereby certify that I attended the deceased from deceased alive on 1/11/2, 19, and that death occ	curred at 4132 2m., from the causes and on the date state	
	23A. SIGNATURE S. Relson M.D.	Baltimore 18, Mayland April 1	SIGNED
	Burial Abril 15, 1952 St. Paul's C		(State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE  LOCAL REGISTRAR  THEY THEY THEY WILLIAMS MY	John Burn's Sous, Towson, Md.	
11-			



52 3505BALTIMORE CITY HEALTH DEPARTMENT 3505 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JOSEP# SEBASTIAN SCHEVE DEATH April 10,1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY s before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Longer HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore St. Joseph's Hospital D. STREET ADDRESS (If rural, give location) McCormack Avenue - b igth of stay in Baltimore Days 7. SINGLE, MARRIED. 9. AGE (In years) H Under 1 Year 5. SEX 6. COLOR OR RACE last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) JAN 8 1884 68 Married Male 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR WHAT COUNTRY ork done during most of working life, even if retired) INDUSTRY Baltimore Retired U.S.A R.R. Exp. Agency 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY SCHEVE GAUGES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO A. SCHEVE 101 MCCORMACK AVE 714-03-4061 LORETTA INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUF TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

#### get arteriorelenses ERTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION YES NO Y

21c. WHERE DID

WHILE AT!

(If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour)

NOT WHILE!

WORK 22. I hereby certify that I attended the deceased from April 6 , 19 52 to April 10 , 1952, that I last saw the

deceased alive on April 101952, and that death occurred at 3:45am., from the causes and on the date stated above. 23B. ADDRESS 23A, SIGNATURE

23c. DATE SIGNED

1400 N. Caroline Street - 13 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL CREMA-TION, REMOVAL (Specify)

NEW CATAGORAL CEM OLD FREDERICK RD BURIAL DATE RECEIVED BY LOCAL REGISTRAR

VS 150

ED

F INJURY

Address of the settle - ALL CYL NE METADONIC TO 

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3506

BI	RTH NO.	70		CERTIFICA	TE OF DEA	TH	Registère	d No		-
1. (T	NAME OF D ype or Print)	Elizal Elizal	eth Go	ldsborough		· · · · · · · · · · · · · · · · · · ·	2. DATE OF DEATH	11-9-	52	
В.	FULL NAME	lity, Maryland		alto. ion, give street address	A. SIAIL	DENCE (	Where deceased lived B. COUNTY	. If institut	ion: residence before admission	n)
HOIN	OSPITAL OR	5028 Orv:		longtic	n) c. CITY OR TOW	imore l	outside corporate M	mits, wyste	RORAL and giv township	
-		tay in Baltimore		Life Mo	5038 0		Avenue Bal		•	
5.	SEX F	6. COLOR OR RACE	7. SINGLI WILDOW	E. MARRIED, /ED, DIVORCED (Spec COWSO	8. DATE OF BIR 3-3-71	ТН	9. AGE (In years last birthday)	Months Da	er Huder 24 Hours Min	13
		CUPATION (Give kind of f working life, even if retired)		of BUSINESS OR Sewife	11. BIRTHPLACE	(State or f	100 55	12. CI'	TIZEN OF HAT SOUNTRY	Υ'
13	FATHER'S	James K	ing		14. MOTHER'S Man		Pilkerton			
15 (Ye	s, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO	Viola Libe		same Addres	ADDRES	S	
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) TING CONDITION LA	FH dying, e. 1 ns the diseas aused death SES FANY, GIVING STATING TE	DUE TO de	ense de		lio vosu	1	SET AND DEAT	
CERTI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATI	D			110			
	19A. DATE C	F OPERATION D 1	9B. MAJOR	FINDINGS OF OF	ERATION			2   Y	O. AUTOPSY?	
<b>IEDICAL</b>	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. farm, factory, street, office blo		DID (CUR?	If in Baltimore Cit	y, give exa	ect location)	
2	D. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCUI	LE	ID INJUR	Y OCCUR?			
				deceased from		SY, to a m., from	he causes and or	n the date	I last saw the stated abov	e
2. TI:	Har 4A. BURIAL, CON. REMOVAL (S BURIA	CREMA- 24B. DATE pecify) 4- 12	2-52		tery or CREMATOR ed Heart	CV 2 RY 240. L	COCATION (City, to Baltimore		ity) (State)	)
D.	ATE RECEIVE	D BY   REGISTRAR	SSIGNATI	A	25. FUNERAL D	-		ADDR		

The second secon A Property of the state of the Hall Winds THE STATE OF THE STATE OF

256 574 NO. 3507

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

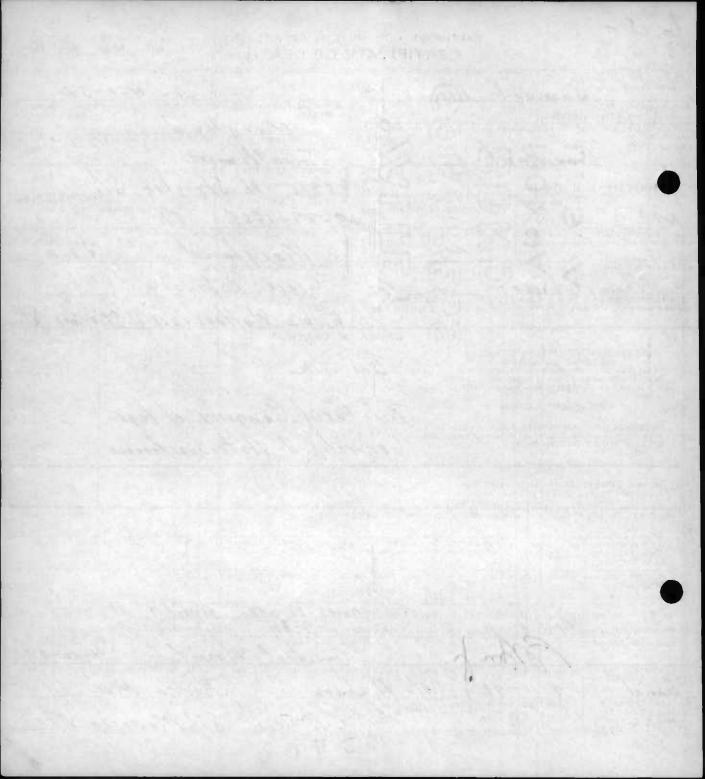
Registered No. 3507

DIKITI NO.	
1. NAME OF DECEASED ROLAND B. WISNA	ER. 2. DATE OF DEATH APRIL 9.1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OA TOWN (If outside corporate limits, well RURAL and give
3849 QUARRY AVE.	Baltimore township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore LIFE Mos. Days	3849 Lucry Teve
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9 AGE (In years If Under I Year Months Days Hours Min.
male while married.  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired) INDUSTR	man land
13. FATHER'S NAME	14. MOCBER'S MAIDEN NAME
James de Princes	Holdie Sullivan.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Virgie M. Wisner-3849 Lucy
18. 154X CAUSE	OF DEATH INTERVAL BETYLEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2 - 1- wh who ward
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	archim Laure Bury an 178
injury or complication which caused death.) DUE TO	( beening).
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
4 DRDERETING CONDITION EAST.	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE	RATION , 20. AUTOPSY?
21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e. g.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)
	etc.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE INJURY	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT AT WORK	
22. I hereby certify that I attended the deceased from	N, 195, to 4-9, 195, that I last saw the
deceased alive on 4/9, 1952, and that death occu	rred at P. m., from the causes and on the date stated above.
Lawrence Heman M. D.	23B. ADDRESS 23C. DATE SIGNED 4 - 10-52
24A. BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMETI	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Azurial (col. 12/52 Longin	e Jack window mill Rd mil
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 12 1952   Tuntington Williams AS	eisten g. Donovan-3818 Holund
VS 150	o o o o

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 4-1-52 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore ricker Days 5. SEX 6. COLOR OR RACE If Under 1 Year 7. SINGLE, MARRIED OF BIRTH 9. AGE (In years) last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? V. S. A. 13. FATHER'S NAME Romas 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (B. B. lateral Gangrine of legs
(c) Generalized Anteriosclensis ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from March 25, 19 58 to April 1, 19 52 that I last saw the deceased alive on Ppil 1 1952, and that death occurred at 7:75m., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED 24A, BURIAL, CREMA-TION\_REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY OCATION (City, town, or county) Burial DATE RECEIVED BY RESISTEMEN'S STGNAT 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



#### BALTIMORE CITY HEALTH DEPARTMENT Registered No. 3509

-	0000			CERTIFICAT	E OF DEAT	Н	
	RTH NO.	ECEACED				12. DATE	
(Ty	NAME OF C		LLIAM	BART		OF APT	
	PLACE OF E	City, Maryland			A. STATE	ENCE (Where deceased lived, I	f institution : residence before admission)
в. І	FULL NAME SPITAL OR		al or instituti	on, give street address of location		ryland N (If outside corporate limit	ts, write RURAL and give
IN	STITUTION	Provident H	ospital			ltimore	township
				Yrs. Mos		RESS (If rural, give location)	
d		stay in Baltimore		Day	11 0.0	Madison Avenue 9. AGE (In years)	If Under 1 Year   If Under 24 Hours
	SEX	6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specif	y)	last birthday) M	onths Days Hours Min.
	Male	Colored		OF BUSINESS OR	10/10/07 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
work		of working life, even if retired)		er Yard		ham Co., Va.	WHAT COUNTRY
13	Labor . FATHER'S		CIMUE	J Lara	14. MOTHER'S M.	AIDEN NAME	MITCH STATE
	WHILL	am Bartee,	Sr.		Joanna	Hill	
		SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			217-03-270	6 Bertha F	ord Bartee,8311	
	18. 4	13 V .		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION					
	(This doe	LEADING TO DEA es not mean the mode	TH of dying, e. 1	Hyr	ertensive ca	rdiovascular disea	ase
	heart fail	lure, asthenia, etc. It mea r complication which	ns the diseas caused death	e, L) DUE TO			
		ANTECEDENT CAUS	SES				
7	DISEASE	ES OR CONDITIONS, I	E ANY GIVIN	(B)			
힐	RISE TO	THE ABOVE CAUSE (A)	STATING TH				
Z				(C)			
F	071155	II COND	ITIONS CO.				
ERTIFICATION	TRIBUTIN	SIGNIFICANT COND IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED			
S				FINDINGS OF OP	RATION		20. AUTOPSY?
4		- 4				(%) 1 D 11	YES X NO
EDICAL	21A. EXTER	RNAL CAUSE WAS	1	ACE OF INJURY (e. g farm, factory, street, office bld	, in or 21c. WHERE (s., etc.) INJURY OCC		give exact location)
	UTING [	CAUSE OF DEATH				D INTERV COCUPA	
Σ	21b. TIME F INJURY	(Month) (Day) (Year	` '	21E. INJURY OCCUP	E	D INJURY OCCUR?	
L			m.	WORK AT WOR		Partial Autopsy	thereon and from
		tify that I took char				Autorey Inspection or Inquir	7
	the en	vidence obtained by	said Auto	opsy, Inspection or from: natural caus	Inquiry, find that $oxed{\mathbb{R}}$ accident $oxed{\square}$	t said deceased died on , suicide □, homicide □,	undetermined $\square$ .
	23A. SIGNA		2 Control 1	70110.	1 23B. CHIEF N	MEDICAL EXAMINER	3c. DATE SIGNED
	W	Elling 1/00	WIN		M.D.   MEDICAL IN	WEDICAL EXAMINER	April 10, 195
24 TI	4A. BURIAL.	CREMA- 248. DATE	0	24c. NAME of CEME	TERY OR CREMATOR	Y 24D. LOCATION (City, tow	n, or county) (State)
_		rial 4/14/	52	Mt. Auburn	1	Balte., Md.	ADDRESS
	ATE RECEIV			haus his	25. FUNERAL DI		
	APKIZ	1952	9		Charles	R. Maw, 802 Madi	Son Ave.
V	S 151			970	32		

or V . OU rad old of Later Control of the PH . CIE.S. . C. property of the Parish Patron,

3	52	1	CERTIFIC	CATE CORRECTE	D 5/21/52 E	S	
. 7	13-7381	510	BAL	TIMORE CITY H	EALTH DEPARTMENT	NT Registered	3510
BII	RTH NO.			LERI FICAT	POLDEATH		
	NAME OF Divpe or Print)	Sheila(Lead	ingham)	Facial	held	2. DATE OF 4-10-	-52
Α.		City, Maryland			A. STATE	E (Where deceased lived. B. COUNTY	lf institution : residence before admission)
B, I HC IN	SPITAL OR E	OF (If not in hospital Baltimore Cit	y Hospi	tals location	c. CITY OR TOWN	(If outside corporate lin	nits, write RUPA, and give township)
-	1	1940 Eastern	Ave.	V	Baltimore	(If rural, give location)	
c.	eth of st	tay in Baltimore	6	yrs. Mos. Days	(908 Jack s		)
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (in years last birthday)	Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	IAME			14. MOTHER'S MAIDE	N NAME	
		Leadingham (			Edna Jones		
Yes	, was DECEASE , no or unknown)	D EVER IN U.S. ARMED (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	Records Baltim	ore City Hospi	ADDRESS (als
	18. 54	90×	449	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION					al. m
		not mean the mode ore, asthenia, etc. It mea	f dying, e.g.	• (/\) ••••••••••••••••	diac Failure		24 Hrs.
	injury or	complication which	aused death.	) DUE TO			
		ANTECEDENT CAUS	ES	Acut	e glomeruloneph	ritis	
Z	DISEASES	OR CONDITIONS, IS	F ANY, GIVIN	(B)	20 8201102 020114		
E	RISE TO T	HE ABOVE CAUSE (A)	STATING TH				
0				(C)		***************************************	
	OTHER C	II IGNIFICANT CONDI	TIONS SON				
H H	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
				FINDINGS OF OPE			20. AUTOPSY?
CAL							YES NO NO
EDIC		PENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., arm, factory, street, office bldg		(If in Baltimore City	, give exact location)
2	21D. TIME	(Month) (Day) (Year)	(Hour)	LIE. INJURY OCCUR	RED 21F. HOW DID IN	JURY OCCUR?	
			m.	WORK NOT WHILE		*	
	22. I herch	y certify that I att	ended the	deceased from 4-	9 , 19.52, to	4-10-52 , 19	, that I last saw the
	deceased a	live on 4-10-	, 1952	and that death occi	irrea at 2. m., jr	om the causes and on	the date stated above.
	23A. SIGNA	TURE OS.	2050	Zer M. D.	238. ADDRESS 4940 Eastern A		23c. DATE SIGNED 4-11-52
TIS	A. BURIAL, ON REMOVAL (S	CREMA- 24B. DATE Specify)	1/15-	24c. NAME OF CEMET	ERY OR CREMATORY 24	Olive 7	
D/ LC	ATE RECEIVE		S SIGNATU	RE Villiaius Miss	25. FUNERAL DIRECT		ADDRESS
	VS 150	Junean Junean	6 5	2 0 10	3660	- rey	
			4 6				

See Document File 52-3510 5/21/52 ES

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production of the second state of the second s

helherd BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE I. NAME OF DECEASED OF (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH B. COUNTY before admission) A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give location) C. CITY-OR TOWN HOSPITAL OR township) INSTITUTION 4/www (If rural, give lycation) ADDRESS Yrs. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE last birthday) | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) 1/64 31 - 191 : 11 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR WHAT COUNTRY? work done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no r unknown) (19 yes, give war or lates of service) 16. SOCIAL ADDRESS SECURITY NO. (Yes, no or unknown) taeus INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES DIC (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) (Specify) HOMICIDE 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE ATT WORK 4/(1/12, 19 to\_ \_, 19\_\_\_, that I last saw the 22. I hereby certify that I attended the deceased from\_ and that death occurred at 5: 10 pm., from the causes and on the date stated above. deceased alive on 4/11/12, 19 23c. DATE SIGNED 234. SIGNATURE 24A. BURIAL. C REGISTRAR'S SIGNATURE

VS 150

Redulate Brooks, Sparks My

aue.

5	2 35 RTH NO.	12		TIMORE CITY HE	E OF DEATH	Registered N	2 3512
1.	NAME OF Dope or Print)	eceased James	V. B	eattie		2. DATE OF April	
3. A.	PLACE OF D Baltimore (	City, Maryland		•	4. USUAL RESIDENCE (V	Where deceased lived. If B. COUNTY	institution: residence before admission)
HC	FULL NAME SPITAL OR STITUTION	of (If not in hospital)  408 W. Fran		on, give street address or location)		f outside corporate limits	s, while RURAL and give township)
	hength of s	tay in Baltimore	40 yrs	Yrs. Mos. Days	b. STREET ADDRESS (If 3408 W. Fra:	nklin St	
	ale	White	WIGOV	MARRIED. ED DIVORCED (Specify)	March 15, 13	9. AGE (in years last birthday) Mo	under 1 Year li Under 24 Hours nths Days Hours Min.
work	de duite d	CUPATION (Give kind of of working life even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?
13	Tames	Beattie			14. MOTHER'S MAIDEN N	AME	
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. ames Bes	attie,3408	DDRESS W.Franklin
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO	SE OR CONDITION I LEADING TO DEAT s not mean the mode of ure, asthenia, etc. It mean complication which co ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LAS	H dying, e.g. as the diseas aused death	(B)	of DEATH	ileronis	ONSET AND DEATH
CERTIF	TRIBUTIN	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.D			
	19a. DATE	OF OPERATION D 1	9B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
EDICAL	21A. ACCII LYING 0 CAUSE OF	DENT WAS UNDER PR CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City, a	give exact location)
Σ	D. TIME	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK NOT WHILE AT WORK					
	22. I here deceased of	by certify that Latt	ended the	and that death occur	rred at 430 fm., from		_,that I last saw the he date stated above
	234 SIGNA	us W. St	sinl		410 M. Helton	SC. LOCATION (City, town,	23c. DATE SIGNED  Port 11, 1952  Grounty) (State)
Z	on, REMOVAL (	E april 1	2/52	Wester	W /30	etimere.	and.
D	ATE RECEIVE	TRAR REGISTRAR	SIGNATI	IRE	25 FUNERAL DIRECTOR	61	ADDRESS

6 - 8 moons B. Stumberg 410 n. 1 Letters Lo. 4343. .

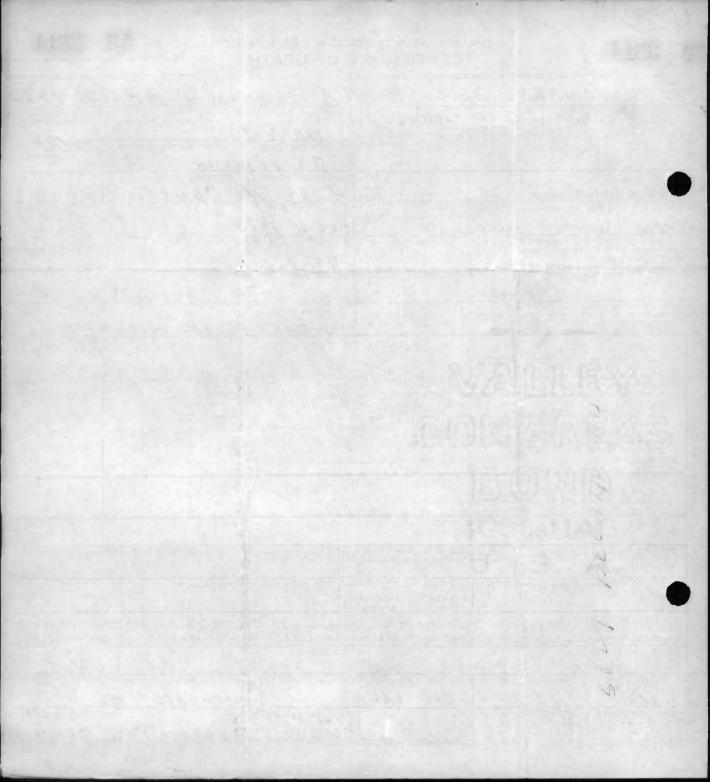
(med, Elom Case Rela	are to Hospital to be Approx
52 3513 CERTIFICATI	EALTH DEPARTMENT
1. NAME OF DECEASED (Type or Print)  Wanda Ledlord	2. DATE OF DEATH CUST 11.1953
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deccased lively If institution: residence B. COUNTY before admission)
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	
c. Length of stay in Baltimore  Yrs.  Mos  Days	D. STREET ADDRESS (Frural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIXORCED (Specify)  10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  10B. KIND OF GUSINESS OR INDUSTRY	11. EINTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME Charles	14. MOTHER'S MAIDEN NAME STREAM
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ODERESS
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heartfailure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	William Jord M. D.
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
4850  21A. ACCIDENT WAS UNDER. LYING FOR CONTRIBUTING   21B. PLACE OF INJURY (%c.) CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	1814 E. Baltimore St.
INJURY 2 12 52 m. WHILE AT WORK AT WORK	☑ Clothes caught fire
	rred at 9.80 pm., from the causes and on the date stated above.
Warren Clothing h M.D.	ERY OR CREMATORY   24D. LOCATION (City, town, or county) (State)
TION, REMOVAY (Specify) BURNAL GEORGIA	PRORK ROSSVILLE, GA
LOCAL RECEIVED BY LOCAL RECEIV	25. FUNERAL DIRECTOR ADDRESS
Vs 150 / 9 4 9, 2	

2 3514 BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3514

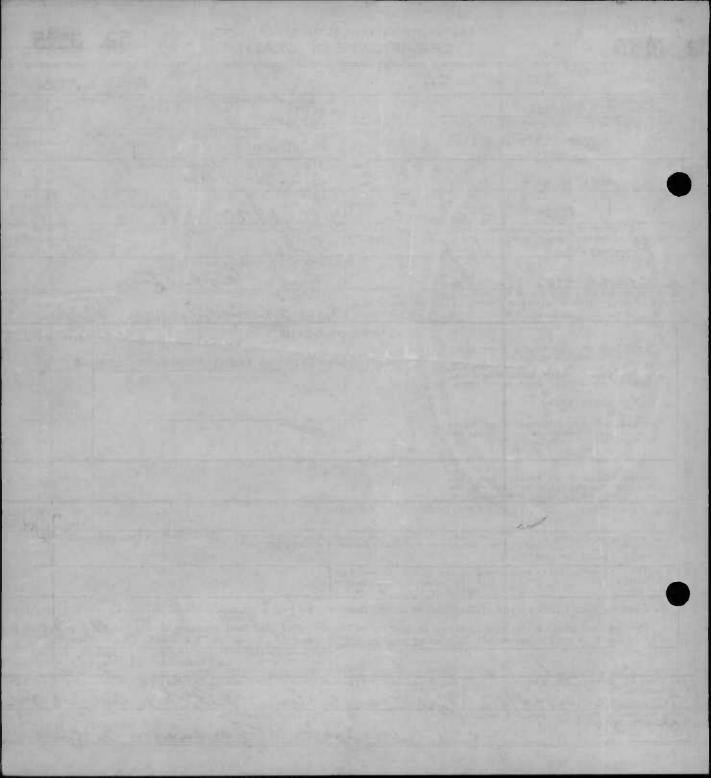
BIRTH NO.			
1. NAME OF DECEASED (Type or Print) CLARA	BELL BAL	CANTINE 2. DATI	100 16 166-
3. PLACE OF DEATH: A. Baltimore City, Maryland 4/2		4. USUAL RESIDENCE (Where decea	
HOSPITAL OR	r institution, give street address or location)	c. CITY OR TOWN (If outside con	porate limits, write to lead and give
INSTITUTION		BALTIMORE	1 (township)
	Yrs. Mos.	D. STREET ADDRESS (If rural, give	
c. Ingth of stay in Baltimore  5. SEX   6. COLOR OR RACE   7.	Days Days	8 DATE OF BIRTH 19 AGE	A J A VE (In years) # Under 1 Year   If Under 24 Hours
popular series	WIDOWED, DIVORCED (Specify)		irthday) Months Days Hours Min.
	DB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign coun	
13. FATHER'S NAME	THE COUNTY	VIRGINIA	WHAT COUNTRY?
W 1121		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FO		17. INFORMANT	NDERS ADDRESS
(Yes, no or unknowo) (If yes, give war or dates of s	SECURITY NO.	MRS MBRY HEIGER	4239 NICHOLOS
18. 2/22 /	CAUSE C	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	RECTLY	1	ONSET AND DEATH
(This does not mean the mode of do heart failure, asthenia, etc. It means t	ying, e.g., (A) Mayan	cardial Insuffice	energy sevo hours
injury or complication which cause	ed death.) DUE TO		
ANTECEDENT CAUSES	(inter	isselection C. V. D.	
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA	NY. GIVING		•
UNDERLYING CONDITION LAST.	(C)		
OTHER SIGNIFICANT CONDITIO	NS CON-		
O THE DISEASE OR CONDITION CA	USING IT.		
	MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING AL	21B. PLACE OF INJURY (e. g., in bout home, farm, factory, street, office bidg., et	or 21c. WHERE DID (If in Baltin in.) INJURY OCCUR?	more City, give exact location)
D. TIME (Month) (Day) (Year) (Ho	our)   21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCURT	
INJURY	m. WHILE AT NOT WHILE		
22. I hereby certify that I attend	led the deceased from/	115 , 1957, to 4/10	, 1957, that I last saw the
		red at 2:20 Pm., from the eauses	
23A. SIGNATURE 7, BAS	Ha Cz M. D.	SB. ADDRESS	24 23c. DATE SIGNED 4/10/52
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETER		(City, town, or county) / (State)
	IGNATURE I	25. FUNERAL DIRECTOR	TE MD ADDRESS 200F
LOCAL REGISTRAR Huntingt	- Will 0 3 h	ULURICA PUNERAGO	HOME ORLEANS
VS 150	THE AUNT AND STREET	O POLICIA / VIO BIOMO	OR DEATHS



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere 280 3515

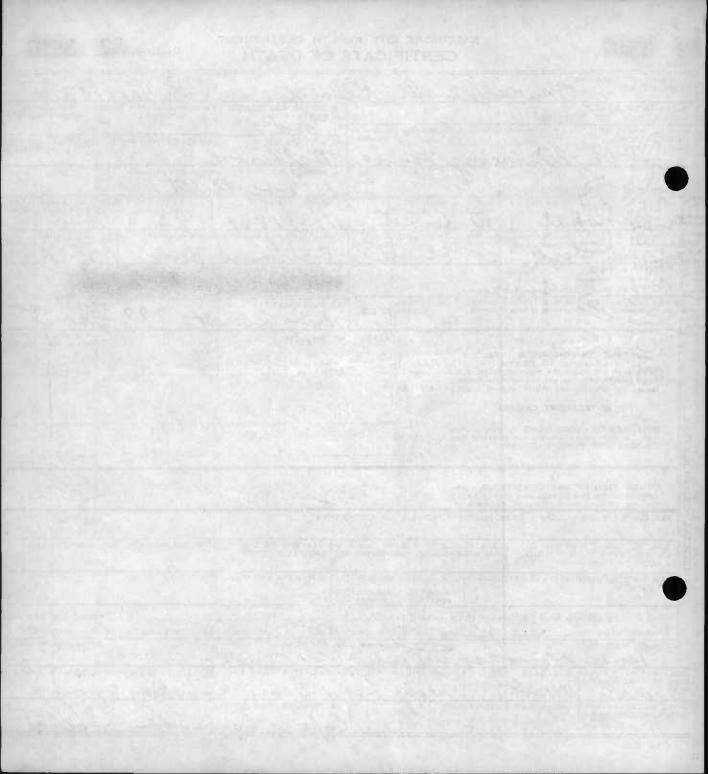
BINTH NO.	
1. NAME OF DECEASED JOHN C. TRIBETT	OF April 11, 1952
a. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF Control of the c	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) Maryland
HOSPITAL OR University Hospital	c. CITY OR TOWN (If outside corporate in its, write HURAL and give Baltimore township)
Yes	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore / 6	116 S. Parkin Street
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   II Under I Year   II Under 24 Hours   last birthday)   Months; Days   Hours   Min.
Male White Willoweld  10A. USUAL OCCUPATION (Glyckindof) 10B, KIND OF BUSINESS OR	9/10/1870 81
work done during most of working life, even if retired)  Parmer  Self  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEADED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Lucy Johnston
15. WAS DECEARED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	mrs mary Haves Farking.
18. 4 2 7 , CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	losclerotic Cardiovascular Disease
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
CC)  CC (CC)  CC (CC)	
TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE GISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	ATION   20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc. UTING CAUSE OF DEATH.	or 21C. WHERE DID (If in Baltimore City, give exact location)
Z 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
	bove, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or In	Autopsy, Inspection or Inquiry aquiry, find that said deceased died on the day stated above,
23A. SIGNATURE	_X, accident □, suicide □, homicide □, undetermined □.
Italey B. Durlache M.	D. MEDICAL INVESTIGATOR
248. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETER TION, REMOVAL (Specify)  Burial 4/14/59  Men Plan	en Cem. Pitchie, Hawy Mc
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 97
Ve 10	grun y nowan ison Holling



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 3516

ВІ	RTH NO.				O. DEITH		
	NAME OF D ype or Print)	eceased Mar	garet	-a. R.	esett	OF DEATH 4/1	1/52
	PLACE OF D Baltimore (	EATH: City, Maryland	1		4. USUAL RESIDENCE (	Where deceased lived, If B. COUNTY	institution: residence before admission)
HOIN	FULL NAME OSPITAL OR STITUTION	0 11	rsing.	Yrs. Mos.	Baltimore	f outside corporate limit	s, Frite RURAL and give township)
	SEX .	6. COLOR OR RACE		Days Days	8. DATE OF BIRTH	9. AGE (In years   last birthday) Mo	Under 1 Year II Under 24 Hours
7	emale	white	Wid	ONCED (Specify)	11/9/1861	90	nths Days Hours Min.
rorl	dong during most of	CUPATION (Give kind of of working life, even if stired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	IAME			14. MOTHER'S MAIDEN N	IAME	1/
15	WAS DECEASE	D EVER IN U. S. ARVE	DFORCES? 1	16. SOCIAL	17. INFORMANT	Dyn / - ,	DDRESS D4
(Ye	, no or unknown)	(If yes, give wer or date	se of service)	SECURITY NO.	Harry Riese	H 777	Gross
	18. 50	/ X		· CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does heart failu	SE OR CONDITION LEADING TO DEA not mean the mode of re, asthonia, etc. It mes complication which	TH of dying, e. g., ans the disease,	(A) HY	postatic Pneum	nonia	2 days
		ANTECEDENT CAUS	SES	Br	onchitis		unknown
CATION	RISE TO T	S OR CONDITIONS, I HE ABOVE CAUSE (A) 'ING CONDITION L	STATING THE	(B) OUE TO (C)			
CERTIF	TRIBUTING	II IGNIFICANT COND TO THE OEATH, BUT ISEASE OF CONDITION	NOT RELATED	Ar	teriosclerosis	5	unknown
AL	19A, DATE C	F OPERATION	19B. MAJOR F	INDINGS OF OPER	ATION		20. AUTOPSY7
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give e INJURY OCCUR?							give exact location)
2	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK						
	22. I hereb	y certify that Lat			7/ 152, to4/	/11/ ,195	2, that I last saw the
	deceased al	live on Apr. 9.		ed that death occur	red at 3:30Am., from	the causes and on th	he date stated above.
	23 GNA	W- Min	rgates		Ol E. 25th. St	t. Balto. Me	23c. DATE SIGNED 4/11/52.
TIC	A. PURIAL CON REMOVAL (S		2 24	Holy by	RY OR CREMATORY 240. L	OCATION (City, town,	or county) (State)
D.	ATE RECEIVE	1952 REGISTRAR	S SIGNATURI	diagus, hijes	25. FUNERAL DIRECTOR	en Alon -	Appless ft.
	VS 150		U\$ 53		10 1/1: 1		

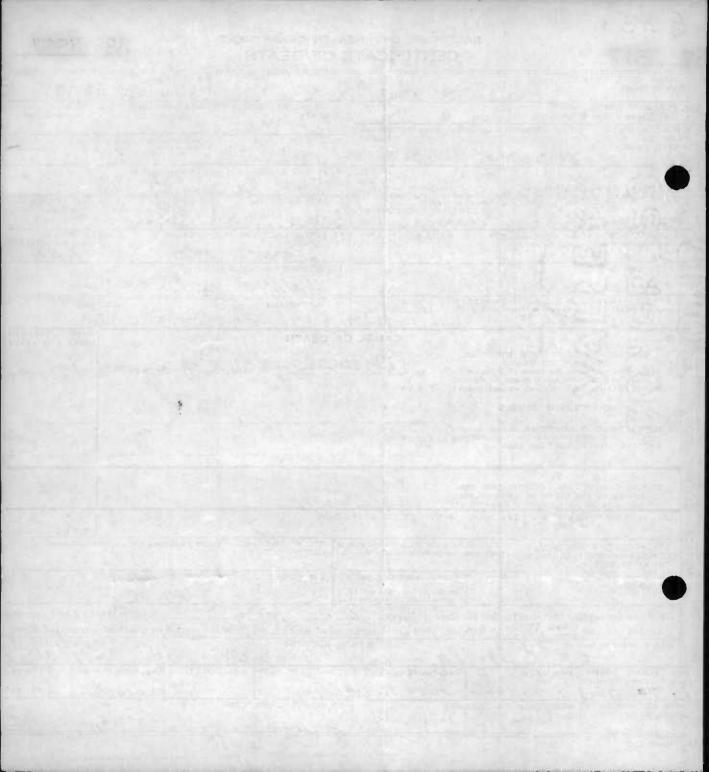


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45	)	35	317

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 3517

	RTH NO:							
(T	NAME OF D'ype or Print)	Cha	les!	04.	Statel	ins	DEATH	n.10,1952
A.		City, Maryland	Tha	3		4. USUAL RESIDENCE	(Where deceased lived)  B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION				street address or location)	c. CITY OR TOWN	(If outside corporate lim	its, write HURAL and give	
11/	STITUTION	JOHNS HO	PKINS H	OSPIT		Baltin	ore c	(township)
c.	Length of s	stay in Baltimore	e Mag	libe	Yrs. Mos. Days	1548 Ca	(If rural, give location)	te.
	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	MARR ED, DIV	ORCED (Specify)	Soh L 1900	Man a	If Under 1 Year If Under 24 Hours Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of			SINESS OR	11. BIRTHPLACE (State		1 12. CITIZEN OF
worl	done during most	of working life, even if retired)	a. E. (	-	INDUCTOV	13 ALTO	MD	WHAT COUNTRY?
13	FATHER'S				CONSTI	14. MOTHER'S MAIDE	N NAME	,
	KOBL	ERT B. HUT	CHIN		Illusti les	HNNIE	E. BROW	070
15 (Ye	MAS DECEAS , no or unknown)	ED EVER IN U.S. ARMEI	FORCES?	16. SC	CURITY NO.	17. INFORMANT		ADDRESS
-	10	NONE		olld-	12-9570		NS HOPKINS HOS	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  Broneloguic Caucuses  (A)  OUE TO							
FICATION	RISE TO	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN STATING TH	G E DU	(B) E TO (C)			
CERTIF	OTHER SIGNIFICANT CONDITIONS CON-							
					NGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F, HOW DID INJURY OCCUR?  WHILE AT   NOT WHILE   NOT WHILE   NOT WHILE   NOT WHILE   NOT WORK   NOT WO								
							the date stated above	
	23A. SIGNA		alili	la		38. ADDRESS HOPK		23c. DATE SIGNED
74 Tu	4A. BURIAL, ON REMOVAL (	Specify)	1652			RY OR CREMATORY 24	D. LOCATION (City, tow	-do 2 - "
	ATE RECEIVE	D BY   REGISTRAR	SSIGNATU	RE////	Y REDE	25. FUNERAL DIRECT	15 ELAI)	ADDRESS
_	APVS 150	1953	4/5	The Control of the Co	ialus-, mi	J- Maller	Couple 23;	43 Horfolla.
	40 100				11/11	747 3 4		



VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered No 353

1	ATH NO.	CERTIFICATE	OF DEATH	11081500104 110				
1 ('	NAME OF DECEASED Bertha	W. Dimling		2. DATE OF OFDEATH April	10/19/2			
	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	B. COUNTY	stitution: residence before admission)			
H	FULL NAME OF A not in hospital or ins IOSPITAL OR NSTITUTION	ritution, give street address or location)	1500	outside corporate limits,	white RUR (Links we township)			
0	. Dength of stay in Baltimore	Ales Mos. Days	D. STREET ADDRESS (If 28/1 July	1. 1. 1 6				
5	Pumale Auto WIL	NGLE, MERRIED, DOWED DIVORCED (Specify)	8.DATE OF BIRTH	9. AGE (in years last birthday) Mont	der I Year   16 Under 24 Hours hs Days Hours Min.			
1 WO	OA USUAL OCCUPATION (Givekind of 108. It was during most of working life, even if referred)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (State or for Mary)		2. CITIZEN OF WHAT COUNTRY?			
1	S. FATHER'S NAME	inling	Sustina X	It Long				
(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCE es, no or unknown) (If yes, give wer or dates of service		11. ONFORMANT	les /034 E 9	orth are			
	18. 420.1	CAUSE	OF DEATH		ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  OUE TO							
z	ANTECEDENT CAUSES (B) Coldio Vaseallo Ulsuce							
CATIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
LIFE	п	(C)						
CER		ELATEO						
7	19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?			
EDIC/	21A. ACCIDENT. SUICIDE.  21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)  HOMICIDE (Specify)  about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
Σ	O. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE  WHILE AT NOT WHILE  MORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?				
	22. I hereby certify that I attended	the deceased from	ly 13, 1937, tole		that I last saw the			
	234-61GNATURE	2	red at 1.30 m., from t		date stated above.			
-2	24A. BURIAL, CREMA- 24B. DATE	M. O. 24C. NAME OF/CEMETE	1000,000	OCATION (City, town, or	county) (State)			
Jurial April 14/1952 London Park Salto Trid								
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S HILLIAMS, MIRE X MINE AND HELLIAMS 4204 Ridgewood he							

Dr E A Johnson 3432 Fredrick Tre

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 3519

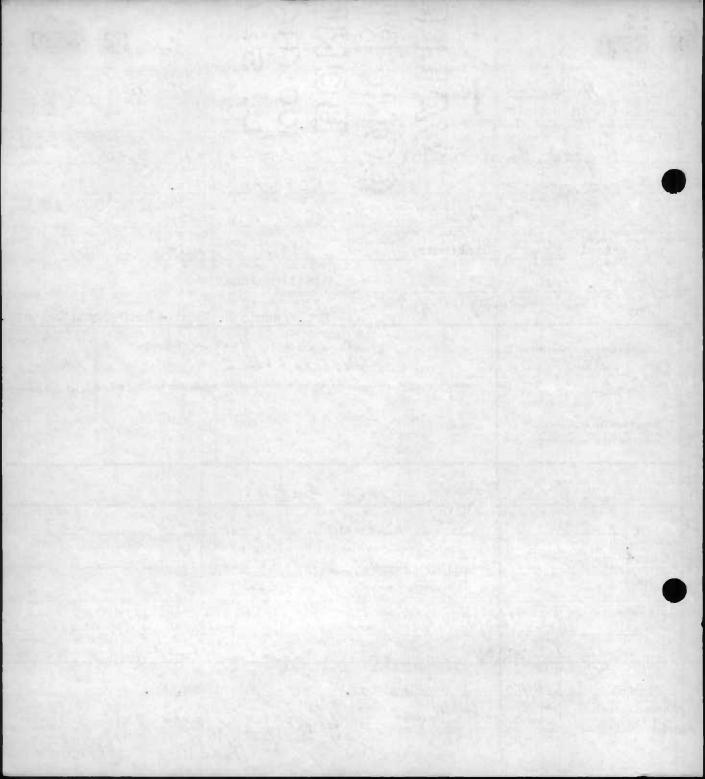
1. NAME OF DECEASED 2. DATE (Type or Print) DEATH April 9, 1952 Kathrina Frey 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission) A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION 3709 Old York Road township Baltimore D. STREET ADDRESS (If rural, give location) 3709 Old York Road ength of stay in Baltimore Dava 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. female May 29. 1877 widowed 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? own home Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Wilhelm Kathrina Semmler 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Alvina Householder, 601 Register Avenue 18. CAUSE OF DEATH 450.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., In or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) FINJURY WHILE AT WORK , 196 that I last saw the 22. I hereby certify that I attended the deceased from-1952 and that death occurred dt 11 12 m., from the eauses and on the date stated above. deceased alive on 4 23B, ADDRESS 23c. DATE SIGNED 23A, SIGNATURE 74c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION REMOVAL (Specify 4/12/52 Parkwood Cemetery Parkville, Maryland 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1217 St. Paul Street

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## BALTIMORE CITY HEALTH DEPARTMENT

52 3520

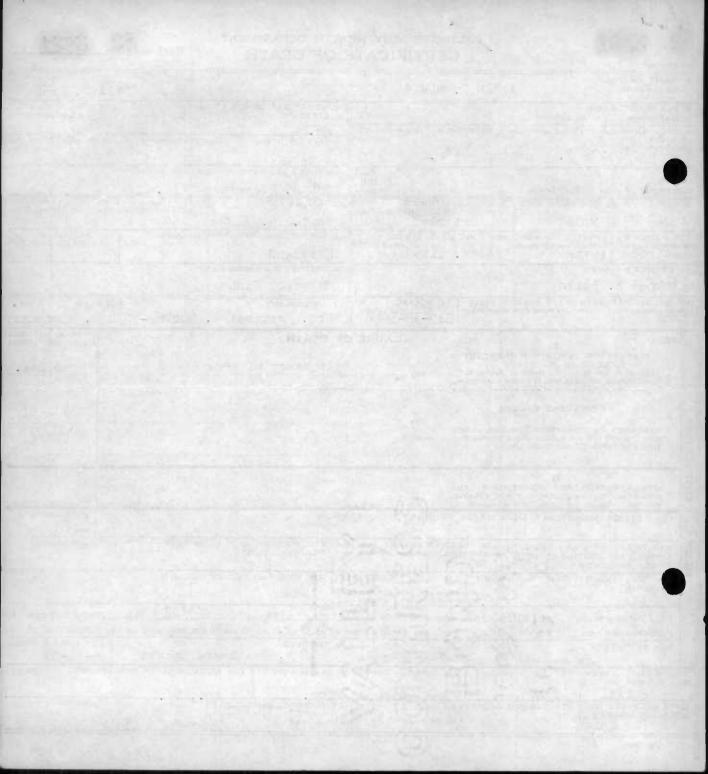
CIPTU NO	CERTIFICATI	E OF DEATH	Registered No.	CO CO
1. NAME OF DECEASED			0.0475	
(Type or Print)	I. A		OF (the)	1. 1. ().
3. PLACE OF DEATH:	and	4. USUAL RESIDENCE (W	DEATH Upril	tution : residence
A Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institu	ution, give street address or location)			17/
INSTITUTION	2/ 1/	C. CITY OR TOWN (If o	utside corporate limits wr	ite RURAL and give township)
Maryland General	Huspa al.	Balterrore	Md.	
	Yrs. Mos.		iral, give location)	
ngth of stay in Baltimore	Days	4810 Gwynn Oak		
	LE, MARRIED. WED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years   H Under last birthday) Months	
	med	Jan 9, 1881	71	
work done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
Accountant Sta	tionary	USA -	Mordano U	SA-
13. FATHER'S NAME	(W)	14. MOTHER'S MAIDEN NAI	ME /	
James F. Ward		Lillian Adams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	ADDR	FSS
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Mrs. Jennie E. V		
18.	CAUCE			INTERVAL BETWEEN
3071	CAUSE	of DEATH ferio slavotic Heart	Disease	DNSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		edocho lithiasi		Wa
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser	. g., (A)	edo cho litarase		pears.
injury or complication which caused dear				
ANTECEDENT CAUSES				
Z DISEASES OF CONDITIONS IT WAS	(B)		***************************************	
DISEASES OR CONDITIONS, IF ANY, GIV	THE DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED.	(C)	***************************************	***************************************	***************
II -				
OTHER SIGNIFICANT CONDITIONS CO	oN.	. 50		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED /b.	+ tailure.		
	R FINDINGS OF OPER	ATION		20. AUTOPSY?
	he la pachalithing	- P/P		YES NO
21a. ACCIDENT WAS UNDER. 21B. PI	ACE OF INJURY (e.g., in	n or 21c. WHERE DID (If	in Baltimore City, give	
	e, farm, factory, street, office bldg., o	etc.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
FINJURY	WHILE AT NOT WHILE			
m.	WORK AT WORK			
22. I hereby certify that I attended th		19520	c-10, 195,700	
deceased alive on 4-10, 19 52	and that death occur	rred at 5 m., from the	e causes and on the d	ate stated above.
23A. SIGNATURE	2	3B. ADDRESS	11 1 0 23	C. DATE SIGNED
I trank D. Hower.	M. D.	Maryland Gen.	Hospital.	4-11-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME of CEMETE	RY OR CHEMATORY 24D. LO	CATION (City, town, or co	ounty) (State)
Burial 4/14/52	Woodlawn Cem			
DATE RECEIVED BY REGISTRAR'S SIGNAL	UBE	25 FUNERAL DIRECTOR	/ O/ (AD	DRESS
ADD 1 2 1052 Turlington !	Villacus, his	Win. Y. VIM	ener Txon	0
NFR 1 2 1502 VS 150		3 5 1 111	1	00 1
	2006	8 1 1 1 1 B a	101711	VIA.
	000	Vocac	11,	- 50



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Ro 3521

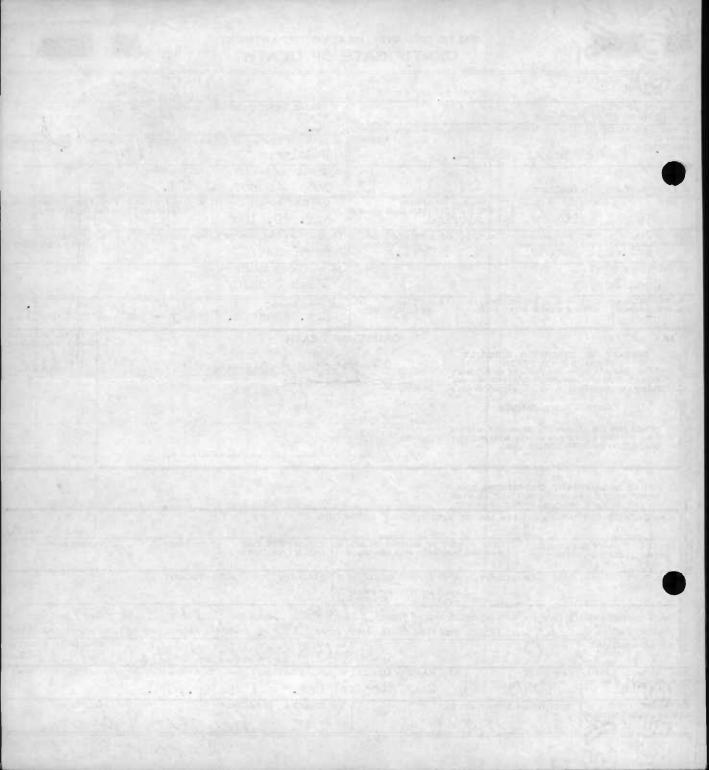
ВІ	RTH NO.			CERTIFICATI	E OF DEATH	Registered I	10
1.	NAME OF D	ECEASED				2. DATE	
(T	ype or Print)	W	ALTER L	• BURKE		DEATH API	ril 8, 1952
	PLACE OF DE	EATH: City, Maryland			4. USUAL RESIDENCE (W	Where deceased lived, If B. COUNTY	institution: residence before admission)
_	FULL NAME		al or instituti	ion, give street address or	Md	2.000111	0
	STITUTION			location)	c. CITY OR TOWN (If	outside corporate limi	s, write KURA, and give township)
		234 N. Monas	stery .	Ave.	Baltimore D. STREET ADDRESS (If		001111127
				Yrs. Mos.			
		tay in Baltimore		Days	234 N. Monaster		W. H. J. W. L. W. H. D. W. L.
-	SEX	6.COLOR OR RACE		e, married, /ED, DIVORCED (Specify) arried	8. DATE OF BIRTH	last birthday) Mo	If Under 1 Year If Under 24 Hours onths Days Hours Min.
	ale	white			Sept. 16, 1892	59	
work	done during most o	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	etired F		Balto	• City	Maryland		
	FATHER'S				14. MOTHER'S MAIDEN NA	AME	
	ichael E				Margaret Hines		
(Ye	, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS AVe.
n	ione			219-30-5046	Mrs. Margaret E	. Burke - 23	4 N. Monastery
	18. / 9	9.1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION			16-14		
	(This does	not mean the mode orc, asthenia, etc. It mea	of dying, e. g	5 * P. J. * * * * * * * * * * * * * * * * * *	Malignancy of nec	K	6 mos.
	injury or	complication which	aused dcath	.) DUE TO			
		ANTECEDENT CAUS	SES				119 35 172 174
Z	DISEASES	S OR CONDITIONS, I	E ANY CIVIN	(B)	•••••••••••••••••••••••••••••••••••••••		
TIC.	RISE TO T	THE ABOVE CAUSE (A)	STATING TH				
CA	ONDERLI	ING CONDITION LA	.51.	(C)		********************************	
ERTIFICATION	1	11					
RT		IGNIFICANT CONDI					
CE		TO THE DEATH, BUT ISEASE OR CONDITION					
٦	19A. DATE C	F OPERATION O	9B. MAJOR	FINDINGS OF OPER	RATION		20, AUTOPSY?
CA			I or mr	ACE OF INVIEW (	n or   21c. WHERE DID (1	If in Baltimore City,	YES NO
MEDICAL		R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		ir in parimore only,	give exact location;
2	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
	INJURI		m.	WHILE AT WORK AT WORK			
	22. I hereb	y certify that I at	tended the	deceased from No	v./51 , 19, to	4/8/52 19	_, that I last saw the
	deceased a	live on 4/8/52	_, 19,	and that death occur	rred at 8 P. m., from t	he causes and on t	he date stated above.
	23A. SIGNA	TURE	15.50		3B. ADDRESS	re Street	23c. DATE SIGNED 4-11-52
2	4A. BURIAL,	CREMA- 24B. DATE	000	24C. NAME OF CEMETE		OCATION (City, town	n, or county) (State)
Tie	on, removal (S Buria	Specify)	,	New Cathedra	7 Com D-74	200	
	ATE RECEIVE		SSIGNAT		25 FUNERAL DIRECTOR	0., Ma.	ADDRESS
L	CAL PEGIST	29862 Tunto	ngton !	Veltraus, 1.	Skm. Tic	lener Is	aus
	VS 150		,	762	73	Balto	17. ma.



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 3522

	NAME OF D ype or Print)	PECEASED	ROBERT	E. SCALLY		2. DATE OF April	10, 1952
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (		
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)		S	- 4-8
	COMPANIES AND A CO. A. C.	3603 Windsor	Mill Rd		Baltimore	f outside corporate limit	wate KURAM and give township)
				Yrs.	D. STREET ADDRESS (If	f rural, give location)	
		tay in Baltimore		Mos. Days	3603 Windsor M	ill Rd.	
5.	male	6.COLOR OR RACE	WIDOW	E, MARRIED, VED, DIVORCED (Specify) <b>Pled</b>	8. DATE OF BIRTH Aug. 30, 1866	9. AGE (In years) if last birthday) Mor	Under I Year If Under 24 Hours nths Days Hours Min.
10 worl	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired) OST Master	108. KINE	S. Govt	11. BIRTHPLACE (State or i	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	V
	John S				Ellen Cushley		
15 (Ye	, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Mrs. Agnes L.	Scally - 3603	Windsor Mill
	18. 40	IX.		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OR CONDITION LEADING TO DEA	DIRECTLY	Par.	. 0. 1		and
	(This does	not mean the mode oure, asthenia, etc. It mea	of dying, e. g	Z., (A)	newozneum	ana.	lacy.
	injury or	complication which	aused death	DUE TO	V		
	E0.0X	ANTECEDENT CAUS	SES				
NO NO		S OR CONDITIONS, I			***************************************	***************************************	
F	UNDERLY	HE ABOVE CAUSE (A)	STATING TH				
D.				(C)		***************************************	
RTIFICA	OTHER S	II SIGNIFICANT CONDI	TIONS CON	d -			
CER	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
V			1				YES NO X
MEDICAL	LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH	ebout home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	n or 21c. WHERE DID () injury occur?	If in Baltimore City, g	ive exact location)
	D. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
	00 77 7		m.	WORK AT WORK	126 1950 to	4/12	20
	deceased a	y certify that I att	ended the	and that death occur			That I last saw the e date stated above.
	28A SIGNA		1 1		3B. ADDRESS	A	23c. DATE SIGNED
	Kale	CREMA-1 24B, DATE	www	M. D.	3408 Winde	N Uly	4/11/52
TIC	n. REMOVAL (S Burial	Specify) 4/14/		New Cathedr		LOCATION (City, town,	or county) (State)
LC	APR 2	1952 REGISTRAR	SSIGNATU	Williams VIII	25 FUNERAL DIRECTOR	chener &,	AGDRESS
	VS 150		0			Ballo 17	md.
					4		



36	3
NHC-	131603
BIRTH	NO.

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No ... CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4-C-52 John Edwards 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF . (If not in hospital or institution, give street address or HOSPITAL OR BALLIMOTE CITY HOSPITALS location)
INSTITUTION Maryland C. CITY OR TOWN (If outside corporate Maits, write RU Mand give township) 4940 Eastern Ave. Bal+imore Yrs. D. STREET ADDRESS (If rural, give location) life 1125 Madison Ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) June 18, 1928 Single 10A. USUAL OCCUPATION (Givekiod of 10B work don for ling model working life, even if retired) 11. BIRTHPLACE (State or foreign country) KIND OF BUSINESS OR 12. CITIZEN OF INDUS WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elvin Edwards Lucy Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yest-no o'unkoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT RECORDS Baltimore City Hospitals SECURITY NO. holo Beetern INTERVAL BETWEEN 18. CAUSE OF DEATH 002 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary Imberdulosis l yr. (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., io or 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) NOT WHILE AT WORK WORK 8-24-\_\_\_\_\_, 1951, to 11-9-\_\_\_\_\_\_, 1952, that I last saw the 22. I hereby certify that I attended the deceased from\_ 1952 ... and that death occurred at 8:00P m., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern 24A. BURIAL, CREMA-TION-REMOVAL (Spectry) 24B. DATE 24C NAME OF CEMETERY 24D. LOCATION (City, town, or county) (State) REGISTRAR'S SIGNATURE DATE RECEIVED BY

VS 150

State of the second PROPERTY AND INC.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 3524

1. NAME OF DECEASED 2. DATE (Type or Print) Elizabeth A.Goldbeck OF April IOth.. 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE Maryland A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write HUNGL and give c. CITY OR TOWN INSTITUTION 703 S.Conklin Avenue township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 703 S.Conklin Avenue igth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months; Days Hours; Min. Female White Oct.26th., 1889 62 14 IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) U.S.A. INDUSTRY Housewife Baltimore Maryland Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Harbecke Henry Goldbeck 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
NO NO 16. SOCIAL 17. INFORMANT Mr. John C.H.Goldbeck-703 S.Conklin Ave. (Yes, no or unknown) None INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH meraly a metatain wo. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILF AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from Jan 28 1947 to april 10 1952 that I last saw the deceased alive on 9, 1952, and that death occurred at \_m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 2 duran 2 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) 4-I4-I952 Holy Redeemer Cemetery Belair Rd.Balto:Md. Burial 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR George J.Ruth, Inc .- 1735 Harford Avenue VS 150

ASTR STATE OF , . . . minory), Some real Spitter but, die Sat, seroldille

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered \$2 3525

BIR	TH NO.			CERTIFICAT	E OF DEAT	n neg.ste	Acu Mor
1. N (Ty)	AME OF Doe or Print)	DANIEL J.	COLLIN	IS		2. DATE OF DEATH	April 10, 1952
B. F HOS INS	ULL NAME SPITAL OR TITUTION	City, Maryland	alor institut alth se ospital t st.	ion, give street address of EVICE location	a. STATE Mar	yland B. COUNT	ved, If institution: residence TY before admission)  e limit, write-RUBA, and give township)
		tay in Baltimore	?	Yrs. Mos. Days	D. STREET ADDRE	S. Dean Street	
5. S	M	6. COLOR OR RACE		e. Married. /ED. DIVORCED (Specify Married	1/3/90.	9. AGE (in year last hirthday	ars II Under I Year If Under 24 Hours y) Months Days Hours Min.
ork d	Boiler	CUPATION (Give kind of of working life, even if retired)  Operator		of Business or INDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
		el Collins		Sh Propo	14. MOTHER'S MA	Ryan	
15. Yes,	WAS DECEASE no or unknown) Yes	D EVER IN U.S. ARMEI (If yes, give war or date WWI US.	s of service)	16. SOCIAL SECURITY NO. 213-09-2715	17. INFORMANT Records - U	S PHS Hospital,	ADDRESS, Bato, Md.
TIFICATION	(This does heart failu injury or DISEASE:	LEADING TO DEAT not mean the mode or re, asthenia, etc. It mea eomplication which e ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	F dying, e. 1 f dying, e. 1 ns the diseas aused death SES ANY, GIVIN STATING TH	(B)	and middle 1	, right lower obes	ONSET AND DEATH UNKNOWN
CER	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION	NOT RELATE	.D	PATION		20 AUTODOV
AL	ISA. DATE C	OF CHERATION Y	SB. MAJOR	FINDINGS OF OFE	RATION		YES NO
MEDIC		ENT WAS UNDER. R CONTRIBUTING	21B. PL/ about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	in or 21c. WHERE D		City, give exact location)
	P. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURE WHILE AT WORK AT WORK	The state of the s	INJURY OCCUR?	
	22. I hereb deceased a		cnded the . 19 52.	and that death occu	rred at 8:50Am.	2, to Apr. 10, from the causes and cal, Balto, Md.	1952, that I last saw the on the date stated above.  23c. DATE SIGNED 4/10/52
24A TION	Burlal	CREMA- 248. DATE pecify) April / 4			RY OR CREMATORY	24D. LOCATION (City,	
PAT	PR 121	952 Hunting	s SIGNATU	IRE ILAMA IN P	25. FUNERAL DIR	apriles 901 s.	ADDRESS Conkling St.
	VS 150	0		680 3	V	0	

AND ADMINISTRATION OF THE STATE . W. . No. of the superior with the state of the superior of the state in the second of the second of

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### BALTIMORE CITY HEALTH DEPARTMENT

52 3526

16	RTH NO.	U		CERTIFICATI	E OF DEATH	negistere	d No
1.	NAME OF D	DECEASED				2. DATE	
CI	'ype or Print)	Mother Mary	Myles	Carton		OF DEATH Apr	11 8. 52
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived	. If institution : residence
_	FULL NAME		al or institut	ion, give street address or	Maryland	B. COUNTY	before admission)
H	OSPITAL OR	Motherhouse		location)		f outside corporate	imits, wrije RDRAL and give
1		and discrindable to	01 110 01	C Dame	Baltimore	10	township)
				20 Yrs.		f rural, give location	)
6		stay in Baltimore		Mos. Days	901 Aisquith		
	emale	White	7. SINGLI	MARRIED.	8. DATE OF BIRTH	9. AGE (In years last birthday) 57	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	10s. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
WOF	Teacher	of working life, even if retired)	Religi	ous	Was Was Older		WHAT COUNTRY?
13	FATHER'S	NAME			New York City	NAME	
	Myles Ca	arton			16		
15	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	Mary Young		ADDDEGG
(Ye	e, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.			ADDRESS
-					Sr.M.Stan.Kostk	a S.S.N.D.	
	18.	70 X 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY	21	900		1 21
	(This does	s not mean the mode oure, asthenia, etc. It mea	of dying, e. 1	(A)	1000		1240.
	injury or	complication which	caused death	.) DUE TO			
		ANTECEDENT CAUS	SES	0		- \	2
N	DISFASE	S OR CONDITIONS, 1	E ANY CIVIS	(B)	u mando		2 miss
Ē	RISE TO	THE ABOVE CAUSE (A)	STATING TI	HE DUE TO			
FICAT	ONDENE	THE CONDITION LA	131.	Λ			
H		11		(c) C/-1	una y h	w/su	- 16 mm
ERT		SIGNIFICANT COND					
C		G TO THE DEATH, BUT DISEASE OR CONDITION			<u> </u>	***************************************	
1	19A. DATE	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION	1	20. AUTOPSY?
CA	1 100	1,1750	Chri	and of	less been		YES NO
MEDICAL	HOMICIDE	ENT, SUICIDE, (Specify)	about home,	ACE OF INJURY 6. g., in iarm, factory, street, office bldg., o	te.) INJURY OCCUR?	(If in Baltimore Ci	ty, give exact location)
2		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
	INJURY	6/ -	m.	WHILE AT NOT WHILE			
	22. I hereh	y certify that I att		0	6/ 195-2406	igna 8 11	5 3, that I last saw the
	deceased a	0 1		and that death occur	red at 12 0 m. from		n the date stated above.
	23A STGNA		X		3B. ADDRESS	0.61	23c. DATE SIGNED
	Alm	ices doo.	Ligger	WM.D.	1120 St. 10	ment	appr 8 252
2.4 TI	AA. BÜRIAL.	CREMA- 24B. DATE Specify)	W.	24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, to	wn, or couply) (State)
	BURIA	4 L APR. 14	1952	VILLA M	ARIA LEMINO	TCH (LI	FF NR TOWSON
D.	ATE RECEIVE	D BY REGISTRAR	SIGNATU	RE	25. FUNERAL DIRECTOR	1 00	ADDRESS .
	APR 12	1952 Hunting	ton A	Mealing Mist	Bracks VAX	eller 701	J. Conkly N

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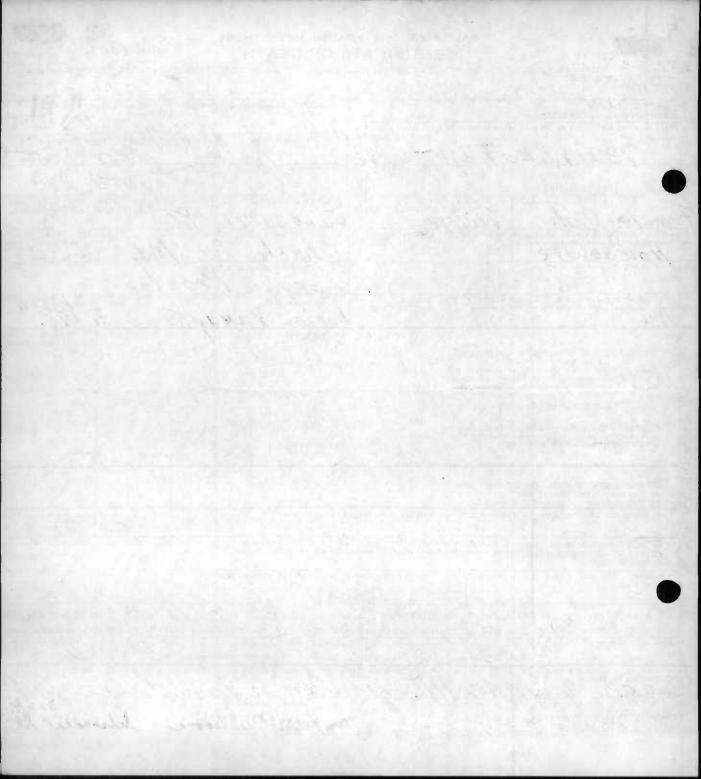
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1	NAN	1F	OF	ח

# BALTIMORE CITY HEALTH DEPARTMENT

1	420	les	5	0 77 77 77
>	4531	EALTH DEPARTMENT	Registered No.	2 3527
В	RTH NO.	E OF DEATH	Registered No.	
	NAME OF DECEASED & Lype or Print)	1	2. DATE OF DEATH	0 -5)
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (WI	here deceased lived. If ins	titution : residence before admission
В.	FULL NAME OF (If not in hospital or institution, give street address of location		Jaxan ett?	- a
	STITUTION 20141/ Frunt Alla	c. CITY OR TOWN	outside corpo ate limits v	rite RURAL and give
	132/ W. Lal aye// 0 AVE	D. STREET ADDRESS (If r)	ural give location)	100
c	ngth of stay in Baltimore Mos.	132/1	Way of1	CAVE
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific Married)	S. DATE OF BIRTH	9. AGE (In years Month	er l Year H Under 24 Hours B Days Houra Min.
1C	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE State or for	reign country)   12	CITIZEN OF
	Housewife	Charles Co	r. /1d.	2.500 NTRY
	FATHER'S NAME	LOPINA	rocton	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Liko ADD	RESS 32/W
	18. FG > V CAUSE	OF DEATH	4/10 -41	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	De la	1	ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	, regioning	V.	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Munu	14	
	ANTECEDENT CAUSES			
HON	DISEASES OR CONDITIONS, IF ANY, GIVING		••••••	
Ě	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
TIFICA	(C)		***************************************	
Į.	OTHER SIGNIFICANT CONDITIONS			
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
0	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
DICAL				YES NO
MEDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About bome, farm, factory, street, office bldg	in or 21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHIL			
	22. I hereby certify that I attended the deceased from	19570	1) , 19 7,	hat I last saw the
	deceased alive on 19 , 192 and that death occur		e causes and on the	
	23A. SIGNATURE Buy III M. D.	238. ADDRESS!	14,65	11- ST
2	MO REMOVAL (Specify)	ERY OR CREMATORY 24D. LO	CATION (City, jowh, or	county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	A	DDRESS 32 2/1.

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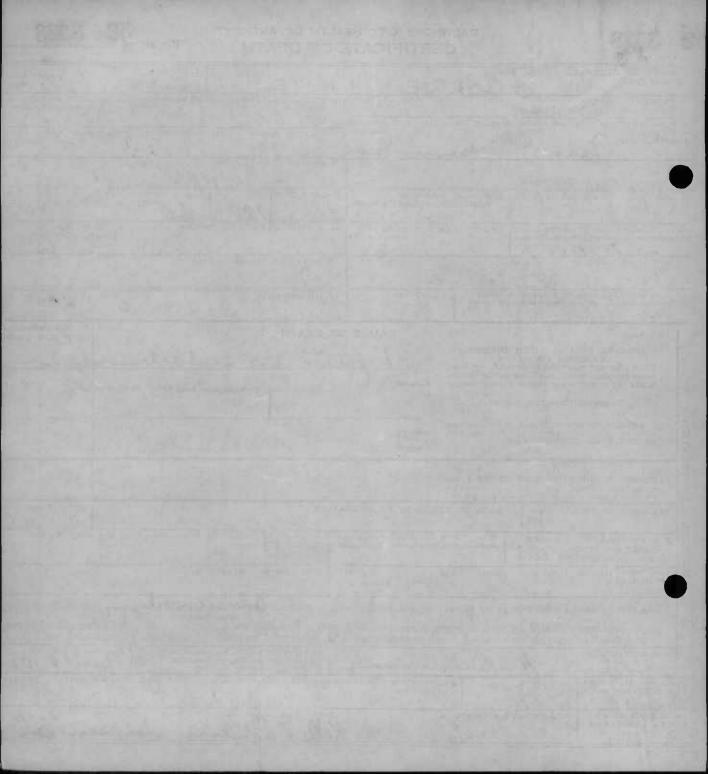
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3528

1. NAME OF DECEASED (Type or Print) 2. DATE OF TEORGE DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNT before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write KURAL and give CLIY OR INSTITUTION D. STREET (If rural, give location) ADDRESS Mos. Length of stay in Baltimore Days If Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years | If Under | Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. 5. SEX OF BIRTH WARDOWED, DIYORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KINDOF BUSINESS OR 12. CITIZEN OF INDUSTRY OWHAT COUNTR 13. FATHER'S NAME en. 14. MOTHER'S MAIDEN NAME 15. WAS DECEASE EVER IN U. S. ARMED FORCES? Yes, no or mknown) (If yes, give war or dates of service) SOCIAL 17. INFORMANT ADDRESS. (Yes, no or anknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO TC1 .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [ CAUSE OF DEATH. 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Induiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the day stated above, and death in my opinion resulted from: natural causes 😭 accident 🖂, suicide 🖂, homicide 🗀, undetermined 🗀. 23B. CHIEF MEDICAL EXAMINER...... 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER ..... MEDICAL INVESTIGATOR ...... 24D CATION (City, town, or county) 24A. BURIAL, CREMA-248. DATE NAME/OF CEMETERY OF CREMATORY! DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

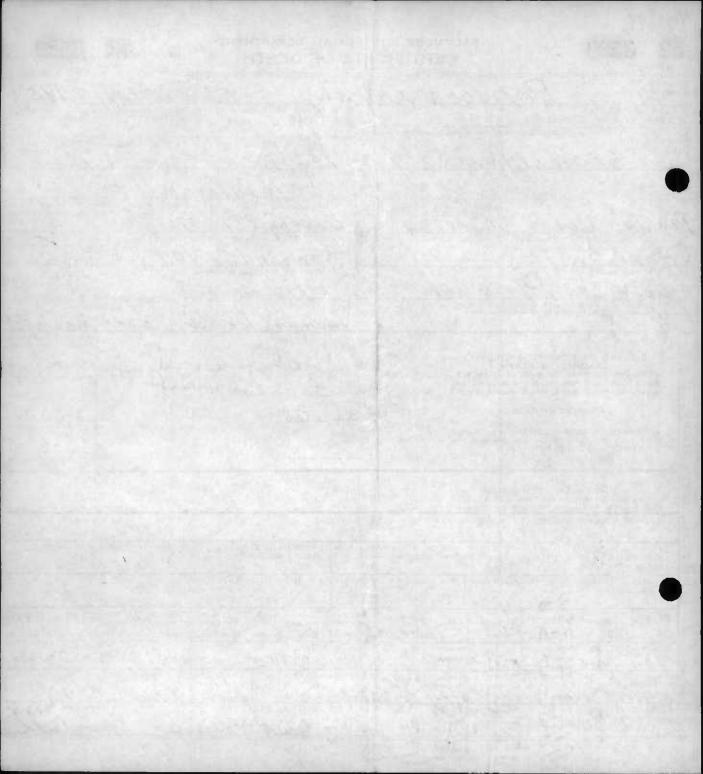
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3529

BI	RTH NO.								
	NAME OF D ype or Print)	ECEASED PO	becca	Don	SOV		OF ADI	1/9,19	52
Α.		City, Maryland			A. GTAT	ENCE (Where	deceased Yved, If B. COUNTY	institution: resident	ence nission)
H	FULL NAME OSPITAL OR ISTITUTION	320 N. Li	Mor S	ve street address or location)	Ballo	(If outsi	de corporate light		and give wnship)
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	320 N	ESS (If rural	give location)	_	
5. 76	SEX PARTE	6. COLOR OR RACE	7. SINGLE, MAI		DUNCIA/	P8/ 9.	AGE (in years flast birthday) Mo	Under I Year II Under the Days Hours	s Min.
worl	HOW S	CUPATION (Give kind of f working life, even if ratired)	108, KIND OF E	BUSINESS OR INDUSTRY	HOW 2 h	State or foreign	Md	WHAT COL	
	LOW W	SON P/	CMMEN		14. MOTHER'S M	AIDEN NAME	ور		
15 (Yes	was DECEASE unknown)	ED EVER IN U.S. ARMED (If yes, give war or dated		SOCIAL SECURITY NO.	LOMONS	Donse	N 320	N Ma un	v + 81
		ox ,		CAUSE	OF DEATH	1	<u> </u>	INTERVAL BE	DEATH
	(This does	LEADING TO DEAT not mean the mode o	TH f dying, e.g.,	(a) Car	elfrals	Herris	rling	2 5 da	19
	injury or	re, asthenia, etc. It mea complication which c	aused death.)	OUE TO HA	ertendi	ve Has	ect. V		
NO	DISTANCE	ANTECEDENT CAUS		(B) Dio	Celas		*******************************	Byca	ىلى
CATIC	RISE TO T	HE ABOVE CAUSE (A) ING CONDITION LA	STATING THE	(C)		*************************		V	
ERTIFI	OTHER S	II IGNIFICANT CONDI	TIONS CON-						M. A.CHINOCHINED O
CEI	TO THE O	TO THE CEATH, BUT	CAUSING IT.						
CAL	19A. DATE C	F OPERATION 0 1	98. MAJOR FINI	DINGS OF OPER	RATION			YES YES	NO [
1EDIC	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		FINJURY (e. g., i story, street, office bldg.,			Baltimore City, g	give exact location	n)
2	o. TIME	(Month) (Day) (Year)	(Hour) 21E. I WHILE WORK	NJURY OCCURR  AT   NOT WHILE AT WORK		O INJURY OC	CUR?		
		y certify that I att	ended the decc	ased from 7	rred at p m	3, to 4-	7-0340	, that I last s	
	23A. SIGNA		and t	/	23B. ADDRESS	., from the co	suses and on the	23c. DATE S	IGNED
2	4A. BURIAL, ON, REMOVAL (S	CREMA- 248. DATE	2 5 1	M. O. I	RY OR CREMATORY	240 ROCA	rion (City, town,		(State)
	ATE RECEIVE	D BY REGISTRAR	S SIGNATURE	1. zeon	25. FUNERAL DIE	LOMA	downe	ADDRESS 3	221
	CAL REGIST	932 Turtin	for Well	appa, his	more Hatief	Willia	me de	horder	1
	VS 150	4		The state of the s					



720	52 3530
	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Curtoinette C. Wise	2. DATE OF 11, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland / Long    B. FULL NAME OF  (If not in hospital or institution, give street address or location)	
INSTITUTION IOHNS HOPKINS HOSPITAL  Yrs.	C. CITY OR NOWN (If outside corporate limits, write RURAL and give township)  D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	14 new Jersey ave
5-SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED Specify.  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	8. DATE OF BIRTH  9. AGE (in years if Under Year in Under Year in Under 24 Hours Min.  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF
**INDUSTRY  13. FAZHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U, S. ARMED FORCES?   16, SOCIAL	melvina Bach?
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANTS HOPKINS HOSPITAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	equital Cyanotic Since Since Cart hersease with Sology of Fallot To Calculationary attrices
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	PATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR INJURY  WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from deccased alive on, 19, and that death occur	rred at 2.40 Pm., from the causes and on the date stated above.
Buch to Tramers	JOHNS HOPKINS HOSPITAL 236. DATE SIGNED 4-12-32
24A. BURIAL FREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) 4-12-52 BAIDMEN M	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
VS 150	

VS 150

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Rev John Francis Toohey DEATH April 42,1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland Bon Secours Hospital B. COUNTY before admission) St. Mary's Rectory (If not in hospital or institution, give street address or B. FULL NAME OF anne HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Bon Decours Annapolis, Maryland D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore one month-two days Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours: Min. If Linder 24 Hours WIDOWED, DIVORCED (Specify) White IOA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work dooe during most of working life, even if retired) WHAT COUNTRY? Priest Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Toohey Ellen Connors 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, oo or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinama of rectum with metastasis to (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, liver injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Arteriosclerosis TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? DICAL Carcinomi Rectum & materrasis VES 218. PLACE OF INJURY (e. g., io or shout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK AT WORK 1952to 22. I hereby certify that I attended the deceased from , 19 that I last saw the 19 52 and that death occurred at deceased alive on on., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24b. LOGATION (City, town, or county) 24B. DATE TION, REMOVAL (Specify) Bureal DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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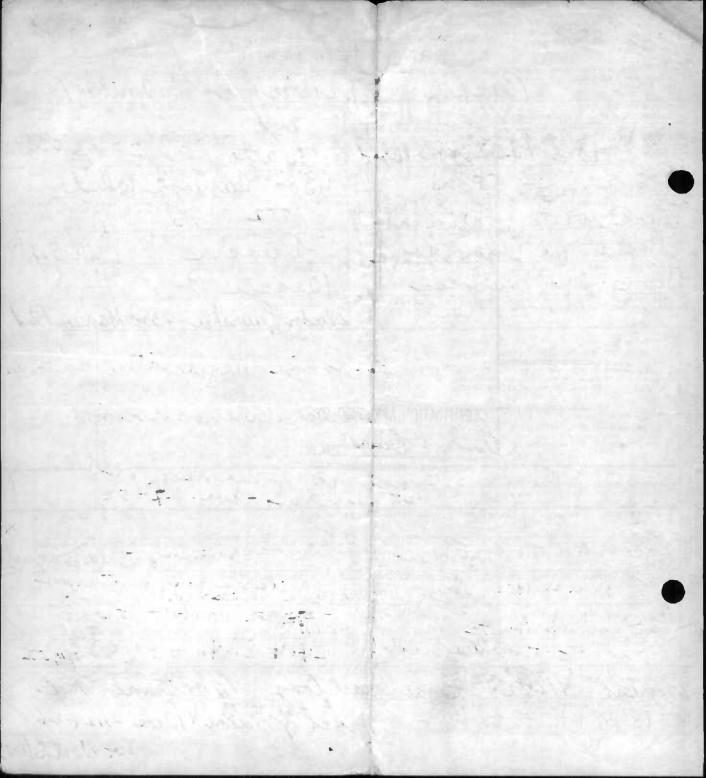
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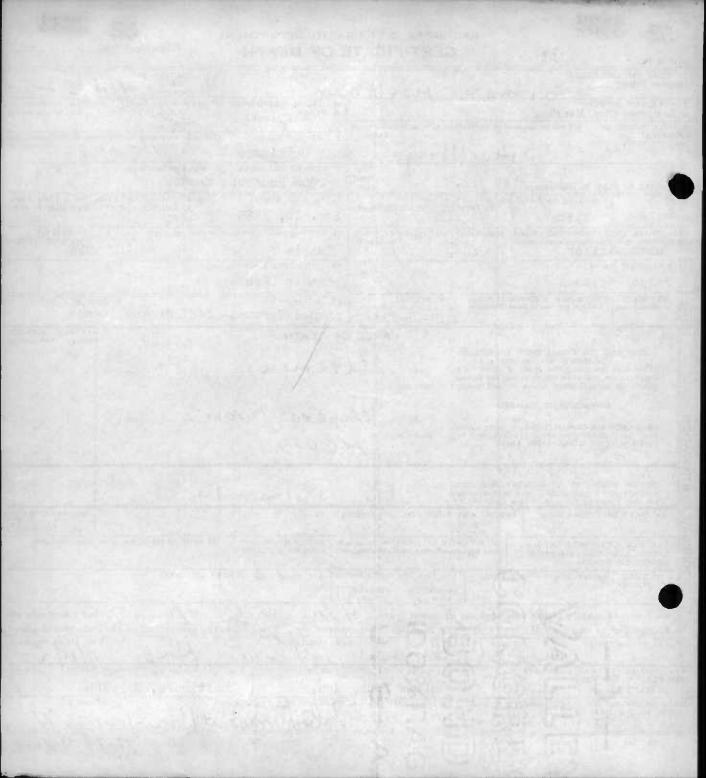
BALTIMORE CITY HE	W		
BIRTH NO. CERTIFICAT	OF DEATH Registered No.		
1. NAME OF DECEASED (Type or Print) Simon Maylun	an   2. DATE OF DEATH 4/11/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. It institution: residence A. STATETYLAND B. COUNTY before admission		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give		
Smal Hosp	Baltimore 15-12 township		
Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 2805 Rockrose Avenue		
ength of stay in Baltimore 48 yrs.  Days  16.COLOR OF RACE   7 SINGLE MARRIED			
6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) MARRIED	Aug. 15, 1886  9. AGE (in years if Under I Year Months Days Min Hours Min		
10A. USUAL OCCUPATION (Give kind of the control of the control of the control of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		
Custom Tailor shop	Russia USA WHAT COUNTRY		
Ralph Markman	14. MOTHER'S MAIDEN NAME Esther Freda		
15. WAS OECEASEO EVER IN U. S. ARMEO FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 216-01-6999	Samuel Markman- 3427 Wabash Avenue		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	phraseleros. S		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Pulmonde		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?		
21a. ACCIDENT WAS LINDER.   21B. PLACE OF INJURY (e.g., i	or '21c. WHERE DID (If in Baltimore City, give exact location)		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	injury occur?		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE			
m. WORK AT WORK			
deceased aline on VIII attended the deceased from deceased aline on VIII	1952, to 4/11, 195, that I last saw th		
, 10 and that death been	red at 5 mm., from the causes and on the date stated above		
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Luone & Clother M. D.	Since Harp 4/11/5-		
24a. BURIAL CREMA- 24B. DATE TION. REMOVAL (Specify) Burial 4/13/52  Hebrew Young	Y OR ONEMATORY 24D. LOCATION (Vity, town, or county) (State)		

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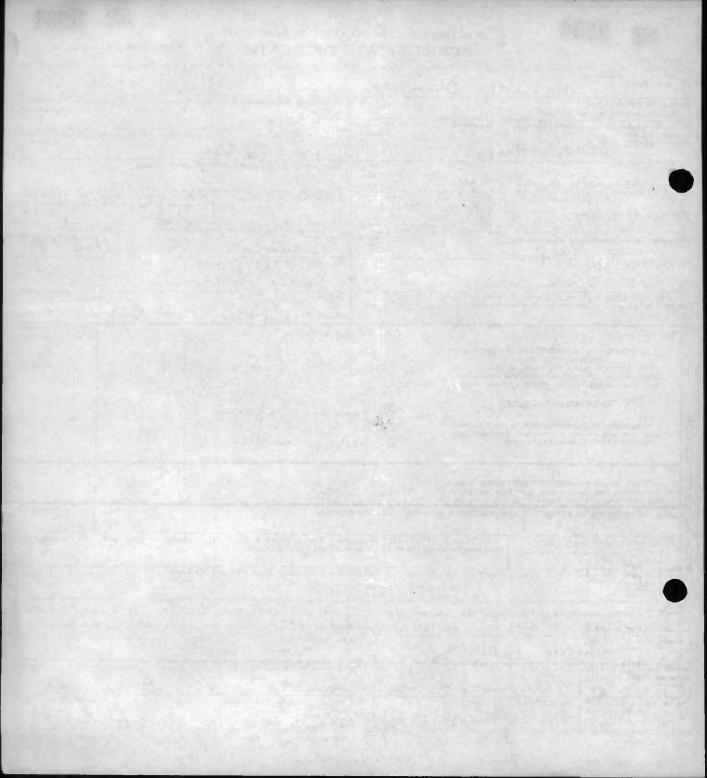
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North avenue



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()10	ATE OF DEATH Registered No
1. NAME OF DECEASED (Type or Print) Mrs. Sarah Blumbers	2. DATE OF DEATH 4. 9. 52.
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence  A. STATE  B. COUNTY  before admission
B. FULL NAME OF (If not in hospital or institution, give street addr	ess or C. CITY OF TOWN (If outside corporate limits, write RURAL and give township)
41	Yrs. D. STREET ADDRESS (If rupil, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (S	8. DATE OF BIRTH  9. AGE (In years of Under I Year North Days Hours Min.  7. Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS C (vork done during most of working life, even if getired)	
Bau Marcus	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY I	NO. Prabel Kress - 824 Brooks Lane
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON-	onset and death on S. C. V. D.  Jocard. infarct.  Lbates melitus
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION 20, AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office CAUSE OF DEATH	(e. g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCC	WHILE
	occurred at 13-4 m., from the causes and on the date stated above
23A. SIGNATURE MORN'S Goldberg M.	
TION REMOVAL (Specify) 4/13/1952 Helsen	Accenelship Bully My
APR 131952 REGISTRAR'S SIGNATURE	25. FUNERA DIRECTOR ADDRESS ME - 2100 Eulaw ML
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## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED . (Type or Print) MINNIE Woolf	SON   2. DATE OF DEATHAPR 11 1952
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION INSTITUTION INSTITUTION INSTITUTION	
c. Ingth of stay in Baltimore  Yrs.  Mos- Days	D. STREET ADDRESS (If rural, give location)  2614 Violet Ave
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married)	8. DATE OF BIRTH  9. AGE (In years II Under I Year If Under 24 Hours Inst birthday) Months Days Hours Min.
MA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHALACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS HOSPITAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	of DEATH  Tation Prewmonia -24 Lys  Thyombus of Aorta 36 Lys  tensive Cardio-vascular Dis.
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	
4/9/52 SAULE TRIM bus  21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.  CAUSE OF DEATH	
YD. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY  T. INDURY  WHILE AT WORK AT WORK	
	rred at 406 H m., from the causes and on the date stated above.
234 SIGNATURE War MO. M.D.	POHNS HOMINS HOSPITAL 4/1/52
THE THE PROPERTY OF THE PROPER	riendship Halto Ma
DATE RECEIVED BY REGISTRAR'S SIGNATURE  Huntington Williams His	25. FUNERAL PIRECTOR LOS CUTOW PB
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4/9/52 Sovielle Theomores of Horris

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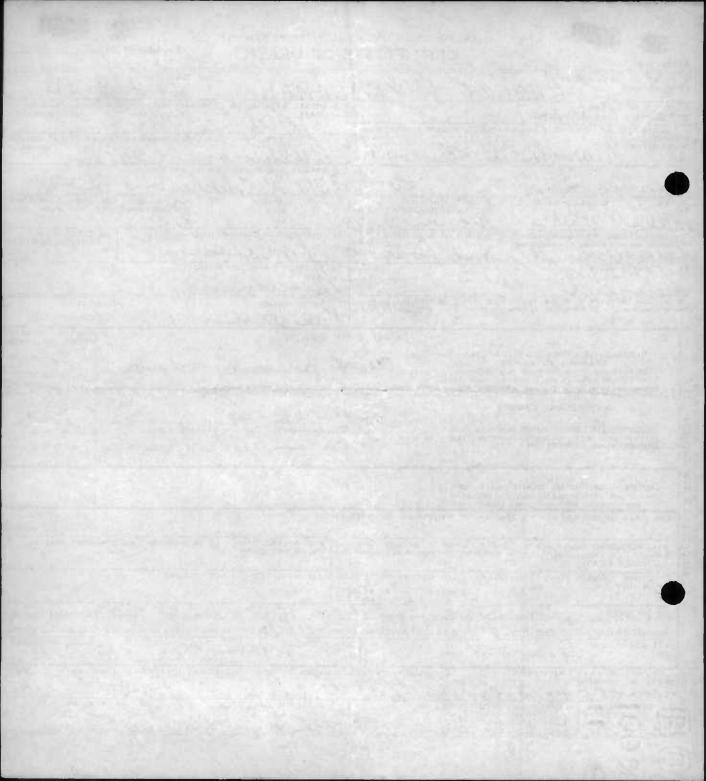
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3536 Registered No.

BIL	RIH NO.						
1. I	NAME OF Dipe or Print)	ECEASED ALB	ERT	LFRI	EIMAN	2. DATE OF DEATH 4-	9-52
	PLACE OF DI Baltimore C				4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	institution : residence before admission)
	ULL NAME	OF (If not in hospi	tal or instituti	ion, give street address o			
	SPITAL OR	Marylan	1 1	location	1200	(If outside corporate limits	write RURAL and give township)
14	1	rea cy ran				ore 11	
	ength of st	tay in Baltimore		Yrs. Mos. Days	Jold W	wresow	ave
5. 5	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED,	8. DATE OF BIRTH	9. AGE (in years   M	Under 1 Year   If Under 24 Hours
711	1000.	Whetes		ED, DIVDRCED (Specify		last birthday) Mo	nths Days Hours Min.
104	. USUAL OC	CUPATION (Give kind o	I 10m KIND		11. BIRTHELACE (State	or foreign country)	12. CITIZEN OF
rick!	done during most o	f working life, even if regred	0	INDUSTR	The second	1.d.	WHAT COUNTRY?
12		lognient	rong	Boace	14 MOTHEDIS MAIDE	1 114115	
13.	FAIRERS	IAME cleve.		State	14 MOTHER'S MAIDEN	NAME	
X	tam	ciel			Beune		<u> </u>
15.	mo or unknown)	D EVER IN U. S. ARME (If you, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17/INFORMANT	Al	DDRESS
(				SECONTT NO.	Tal true	duan -	House
T	1B. 4	I A V		CAUSE	OF DEATH		INTERVAL BETWEEN
	16	E OR CONDITION	DIRECTIV		0. 00.		ONSET AND DEATH
		LEADING TO DEA	TH	Qu.	te folwones	pdows	- 2 4004
	(This does	not mean the mode re, asthenia, etc. It me	of dying, e. g ans the diseas	e. (A)	- Cy o-cu-s us-	y com	******
		complication which					Probably
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병.		ISEASE OR CONDITION					
	19A. DATE D	F DPERATION	19B. MAJOR	FINDINGS OF OPE	RATION		20. AUTDPSY?
NO.							YES NO
ED I		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm,factory,atreet,office bldg	in or 21c. WHERE DID .,etc.) INJURY OCCUR?	(If in Baltimore City, s	rive exact location)
Σ	21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJ	URY OCCUR?	
	FINJURY			WHILE AT NOT WHIL			
			m.	WORK AT WORK		۸	
		y certify that I at		accomon j		Jan. 21 , 1951	that I last saw the
	deceased a	live on au 2	1, 1952	and that death occu	erred atm., fro	m the causes and on th	
	23A. SIGNA	TURE	V.16-	1-0	238. ADDRESS	ew Pf.	23C. DATE SIGNED
		Jo an	,,,,	M. D.	Bo	ero. wo	14/10/52
24	N REMOVAL (S	CREMA- 248. DATE		24C NAME OF CEMET	ERY OR CREMATORY 24	D. LOCATION (Oity, town,	or county) (State)
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	TE RECEIVE		'S SIGNATU	JRE 1,	25. FUNERAL DIRECTO	QR 1 1	ADDRESS A
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Registered No. 3537

B	RIH NO.								
	NAME OF D		MIN OTH	O SNAUFFER			F .	ril 12.	1952
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDE	ENCE (Where de		If institution	
В.	FULL NAME		tal or institut	tion, give street address or	Waryland			omery	
	SPITAL OR			location)	C. CITY OR TOWN		corporate li	nits, write RI	JRAL and give township)
B	(5)	Baltimore C	ity Mon	rgue	Poolesv				,
				Yrs. Mos.	D. STREET ADDRE	ESS (If rural, gi	ve location)		
	ength of s	tay in Baltimore		Days				The Area	
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AG	E (In years	Months: Days	Hours: Min.
1	Male	White		orced	7-7-189		5		
1C	A. USUAL OC	CUPATION (Give kind of	108. KINE	OF BUSINESS OR	11. BIRTHPLACE	State or foreign co	untry)	12. CITIZ	
"01	Counter			turant	Potomac.M	d		WHA	T COUNTRY?
13	FATHER'S		1,000	0414110	14. MOTHER'S MA				
	Ret	njamin R Snav	ffer		F	and the same			
15	. WAS DECEASE	D EVER IN U.S. ARME	D FORCES?	I 16. SOCIAL	Adelaide 7	Sheid		ADDRESS	
(Ye	NO NO	(If yes, give war or date	es of service)	SECURITY NO.	Mrs.Fannie	Warnen Poo	Jacuti		
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	18.	29,81		CAUSE	OF DEATH				T AND DEATH
	DISEAS	E OR CONDITION							
	(This does	not mean the mode	of dying, e.	g., (A) Drown	ing		4		• • • • • • • • • • • • • • • • • • • •
		re, asthenia, etc. It mes complication which							
		ANTECEDENT CAU	SES						
		ANTEGEDERI CAD		(B)					
RTIFICATION		OR CONDITIONS, I		NG					
Ě		ING CONDITION L							
CA				(C)					***************************************
F	OTHER S	II IGNIFICANT COND	ITIONS CO.						
RT	TRIBUTING	TO THE OEATH, BUT	NOT RELATE	ED					
CE	15 2 1 2	F OPERATION   1		FINDINGS OF OPER	ATION	-0-7		120	AUTOPSY?
	ISA. DATE O	F OFERATION	JB, MAJOR	TINDINGS OF OFER	ATION			YES	
EDICAL	21A EXTERN	IAL CAUSE WAS	218. PLA	ACE OF INJURY (e. g., in		ID (If in Ba	ltimore City	, give exact	
DIC	UNDERLYIN	NAL CAUSE WAS G X OR CONTRIB- AUSE OF DEATH.	about home,	farm, factory, street, office hldg., e			N7 - 0	70	a
ME		Month) (Day) (Year		larbor 21E. INJURY OCCURRE		de of Pier		, Pratt	Street
3	F INJURY			WHILE ATT NOT WHILE	7 7 7 7		K f	4	4-1
L	bund:	4/12/52 7:3	O A.m.	WORK AT WORK	x Found dr				
	22. I certif	fy that I took char	rge of the	remains described a	bove, held an	Autopsy			n and from
	the cvi	dence obtained by	said Auto	psy, Inspection or I		Autopsy, Inspection said deceased			tated above.
	and de	ath in my opinion	resulted f	from: natural causes	, accident [],	suicide [], ho	micide 🗆	, undeterm	ined 🗷.
	23A. 516NAT	TURE /	1/2/	/	238. CHIEF ME	DICAL EXAMIN	ER	23c. DATE S	SIGNED
	WI	lean Va	DULATA	M		EDICAL EXAMINESTIGATOR		April 1:	2, 1952
24	A. BURIAL. C	REMA- 24B. DATE	γ φ	24c. NAME OF CEMETE	RY OR CREMATORY	240. LOCATIO	N (City, tov	vn, or county)	(State)
'''	Burial	4-15-52		Mt.Olive		Fred	erick,	Md.	
	TE RECEIVE	BY   REGISTRAR	S SIGNAT		25. FUNERAL DIR			ADDRES	S
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	14 3 18	32	7	MATERIAL PROPERTY			,		
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3 .	50	BIRTH				50	2520
315	52 3	3538			E OF DEATH	Registered N	3338
1.	NAME OF pe or Print)	DECEASED	Jose 6	h Bou	NDEN	2. DATE OF DEATH 2	-10-52
Α		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If B. COUNTY	institution: residence before admission)
HO	FULL NAME SPITAL OR STITUTION		tal or institution	n, give street address or location)		f outside corporate limit	s, write RURAL and give township)
c	agth of	stay in Baltimore	-//	Yrs. Mos. Days	D. STREET ADDRESS (If Unknown	rural, give location)	Tu, Veg
5.	M	6. COLOR OR RACE		·	8. DATE OF BIRTH		f Under I Year at Under 24 Hours onths Days Hours Min.
		CCUPATION (Give kind of t of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f Unknown	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S	NAME Unknown		The First	14. MOTHER'S MAIDEN N	AME	
15. Yes.	. WAS DECEA:	SED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
NO LOS LINES	(This do heart fai in jury of the property of	ASE OR CONDITION LEADING TO DEA es not mean the mode lure, asthenia, etc. It me r complication which ANTECEDENT CAU ES OR CONDITIONS, THE ABOVE CAUSE (A) LYING CONDITION L  II SIGNIFICANT COND	TH  of dying, e. g., ans the disease, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CON-	(B)		vey of	Min
711	TO THE	IG TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION	CAUSING IT.	FINDINGS OF OPER	RATION		20. AUTOPSY?
DA	21b. TIME 21b. TIME 22c. I cert the es	ify that I took char vidence obtained by cath in my opinion ATURE  CREMA- Specify)  ED BY   REGISTRAR	rye of the resulted fr	sy, Inspection or om: natural cause	ASSISTANT MEDICAL  INJURY OCCUR?  Baltimos  Autopsy,  Inquiry, find that said d  Said and a said d  Assistant medical  Medical investigat	Inspection or Inquiry leceased died on the R, homicide , u	thereon and from thereon and from the day stated above, indetermined  Co. DATE SIGNED  2-10-52
V S	S 151	-862.2	U		1.1.1:		w

Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE CHARLES ROBERTSON February 17, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland 'f not in hospital or institution, give street address or Marvland B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Provident Hospital D STREET ADDRESS (If rural, give location) Yrs. Mos. 1223 McCulloh Street ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years | If Sader | Year | H Under 24 Hours last birthday) | Months; Days | Hours Min. 8. DATE OF BIRTH Colored Male 10A. USUAL OCCUPATION (Givekindef) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BEIWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION NO X CAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING [ CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes \( \mathbb{Z} \), accident \( \mathbb{I} \), suicide \( \mathbb{I} \), homicide \( \mathbb{I} \), undetermined \( \mathbb{I} \). 23A. SIGNATURE 23c. DATE SIGNED MEDICAL INVESTIGATOR . 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) MILDIUAL JUNDUL ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 31050

Hegistered No.

COST SYTTEM

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		(A) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	PALES OF THE PALES	AND OT DAY	Mis on other residence or cattle	
						TO CALL
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	NIE OF	PARTODO VALLESTA			HULDHY CHELLING	
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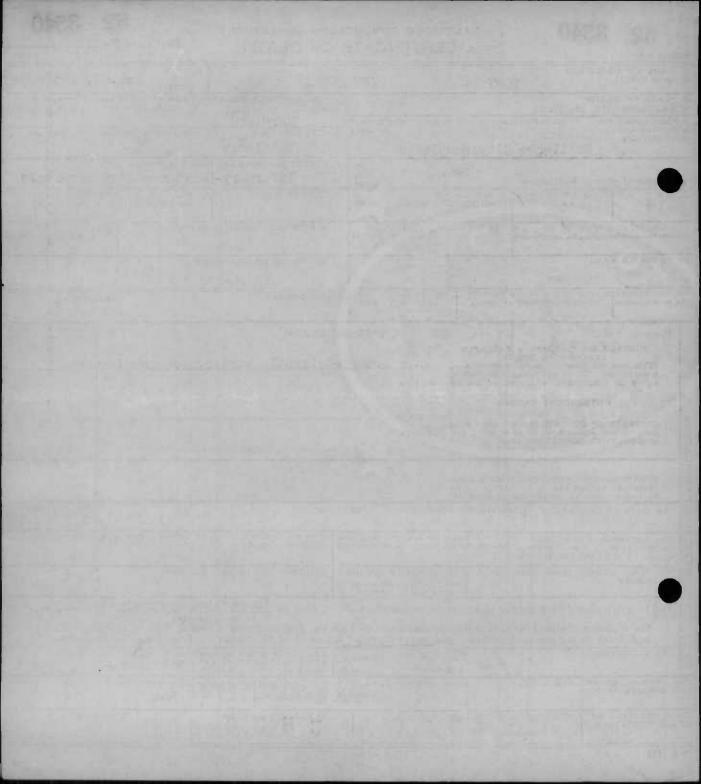
ADDRESS

J6 0050	CERTIFICATE	E OF DEATH	Registered	No		
1. NAME OF DECEASED (Type or Print)  TONY	SOKOI	LOWSKI	2. DATE OF FE	b. 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF Of not in hospital or institution INSTITUTION Baltimore City E	location)	A. USUAL RESIDENCE (VA. STATE  Maryland  C. CITY OR TOWN (IN Baltimore)	Where deceased lived. B. COUNTY	If institution: residence before admission)		
gth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If Infirmary—	Baltimore C	ity Hospitals		
male white WIDO	WED, DIVORCED (Specify)		57	Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of lob. KIN ork done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or f	breign country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN N Unknown	AME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of nervice)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser injury or complication which caused deat  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	(A) Arter	OF DEATH	ovascular d	INTERVAL BETWEEN ONSET AND DEATH		
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	red					
	R FINDINGS OF OPER			20. AUTOPSY?		
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home UTING CAUSE OF DEATH.	ACE OF INJURY (e. g., in ,farm,factory,street,office bldg.,et	tor 21c. WHERE DID (1) INJURY OCCUR?	f in Baltimore City	, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  INJURY NOT WHILE AT WORK AT WORK						
the evidence obtained by said Autand death in my opinion resulted	topsy, Inspection or In	Autopsy, nguiry, find that said de L., accident □, suicide	Inspection or Inquireceased died on $\Box$ , homicide $\Box$ ,	y the day stated above undetermined □.		
23A. SIGNATURE		23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	OR	Feb. 9, 1952		
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETER	UNS MEDICAL SCHOOL FEB	2 6 195Z tow	n, or county) (State)		

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR OF ECALL

DATE RECEIVED BY LOCAL REGISTRAR



# CERTIFICATE OF DEATH Registered No. 3541

BIR	TH NO.							
	NAME OF DE			2022	2. DATE			
			EORGE	FORD	1	DEATH Fe	bruary 17, 1952	
	Baltimore C	ity, Maryland		Tork Till	4. USUAL RESIDENCE A. STATE	B. COUNTY	If institution: residence before admission)	
B. F	ULL NAME		al or instituti	on, give street address or				
	SPITAL OR	10 23 Tues		location)	c. cit on lowing (if outside corporate mines, write north) a			
14	69	Provident	Hospita		Baltim		-01	
1				Yrs. Mos.	D. STREET ADDRESS (			
4	The state of the s	ay in Baltimore		Days		ssier Street		
5. 5	EX	6.COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Months: Days Hours: Min.	
1	Male	Colored				69		
10A work d	. USUAL OCC	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	one was and most of	HOLDING HIC, CVCH II TCHICU/		INDOGINI	Unknown		WHAT COUNTRIT	
13.	FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME		
		Unknown			Unknown			
15.	WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(Yes,	no or nuknown)	(If yes, give war or dates	of service)	SECURITY NO.			V	
ERTIFICATION	heart failur injury or DISEASES RISE TO THUNDERLY	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of the complication is complicated by the complete c	If dying, e. g. ns the diseas ausod death ses FANY, GIVIN STATING TH.	(S)	onary tuberculos	is far advan	ced	
2 1		SEASE OR CONDITION			ATION		20. AUTOPSY?	
	ISA. DATE OF	F OPERATION 1	JB, MAJOR	FINDINGS OF OPER			YES NO X	
EDI	UNDERLYING UTING [] C	AL CAUSE WAS  OF CONTRIB- AUSE OF DEATH.	nbout home, fa	CE OF INJURY (c. g., in arm, factory, street, office bldg., e	te.) INJURY OCCUR?		y, give exact location)	
Σ	F INJURY	Month) (Day) (Year)		VHILE AT NOT WHILE WORK	ED 21F. HOW DID INJU	RY OCCUR?		
	22. I certif	y that I took char	ge of the	remains described a	bove, held an Inspec	tion & Inqui	TY thereon and from	
_	the evid	dence obtained by 1th in my opinion	said Auto regulted f	psy, Inspection or I rom: <u>natural causes</u>	nquiry, find that said	deceased died on le , homicide	the day stated above, undetermined .	
	23A. SIGNAT	Milliam Va	verthe		23B, CHIEF MEDICAL ASSISTANT MEDICA D. MEDICAL INVESTIG	L EXAMINER	Feb. 18, 1952	
TION	. BURIAL, C I, REMOVAL (S)	REMA- 24B. DATE pecify)	2	4c. NAME OF CEMETE	HY OR CREMATORY 24D.	L FEB 2 6 19	vn, or county) (State)	
LOC	RECEIVED	BY REGISTRAR	S SIGNATU	brauca, Niger	25. FUNERAL DIRECTOR	oner of Realth	ADDRESS	
VS	151	1		W.		1.5		

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52 3542 Registered No.

BI	RTH NO.			CERTIFICATI	E OF DEATH	registered	110,	
	NAME OF D		- TI3	2 D4-4		2. DATE	0/ 200	
3.	PLACE OF D		s rulai	rd Pinder	4. USUAL RESIDENCE (V	OF DEATH Feb.		
Α.	Baltimore (	City, Maryland			A. STATE	B. COUNTY		ore admission)
H	FULL NAME	Bal+1mor	al or institut	tion, give street address or Hespital socation)		outside corporate lin	nits, write RU	IRAL and give
IN	STITUTION	4940 Eas			Baltimore	17-1	0/	township)
7		TO DATE	LCIA 3	Yrs.	D. STREET ADDRESS (If	rural, give location)		
		tay in Baltimore	I	Mos. Days	610 George St.			THE 25 THE
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days	Hours Min.
	ale	Negro		rced	June 26,1889	62		
work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	O OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or fe	oreign country)	12. CITIZ WHA	ZEN OF T COUNTRY?
13	. FATHER'S N	I A M G			Maryland			
13				100000000000000000000000000000000000000	14. MOTHER'S MAIDEN N	AME		
15	. WAS DECEASE	es Pinder	FORCES?	16. SOCIAL	Elizabeth Gam			
(Yes	, no or unknown)	D EVER IN U. S. ARMEI (If yes, give wer or dete	of service)	SECURITY NO.	17. INFORMANT Baltim	ore City He	appress pitals	V
	18.		-	CALLEE	Records: 4940 E	astern Aven		VAL BETWEEN
	00	FE OR CONDITION	DIRECTIV	CAUSE	OF DEATH			AND DEATH
		LEADING TO DEAT	rH	Pulmon	ary Tuberculosis		Yea	eral
	heart failu	re, asthonia, etc. It mea	ns the diseas	se,		•••••••••••		A
		ANTECEDENT CAUS						
z				(B)		***************************************		******
임	RISE TO T	HE ABOVE CAUSE (A)	STATING TI					
Y O	UNDERLY	ING CONDITION LA	ST.	(C)		********************************		*************************
ERTIFICATION		Н						
R		IGNIFICANT CONDI					400 die	
S	TO THE D	ISEASE OR CONDITION	CAUSING I	т				
1	19a. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION			AUTOPSY?
EDICAL	21A. ACCID	ENT WAS UNDER-		ACE OF INJURY (e. g., le	n or   21c. WHERE DID (	If in Baltimore City	yes, give exact	
		R CONTRIBUTING [	about home,	ferm, fectory, street, office bldg., e	otc.) INJURY OCCUR?			
Σ	P. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
	INJURY		m.	WHILE AT NOT WHILE				
	22. I hereh	y certify that I att		l:	-18 .1 <b>51</b> . to	2-26 , 19	52 that I	last sam the
	deccased al	live on 2-26	19 52		rred at 9:30p m., from t			
	23A. SIGNAT		0-		3B. ADDRESS		23c. DA	ATE SIGNED
		3.C.	200		4940 Eastern Aven		1	-52
TIC	A. BURIAL, C ON, REMOVAL (S	Specify) 24B. DATE		24c. NAME OF CEMETE	KINS MEDICAL SCHOOL MAR	OCATION (City, tow	vn, or county)	(State)
D.	ATE RECEIVE	D BY   PECIETPAS	SCICNATI		25. FUNERAL DIRECTOR	T 100%	ADDRES	5
	CAL REGIST	RAR	SIGNATO	Millian 15	25. FUNERAL DIRECTOR	of Health	ADDITES	
=		Joe Hunis	Mary P	TURLALIAN- NOT	2 COMMINICALISM	n a simil		
	VS 150		4		. 1. 1. 1			
					4 4 5 4 6 5 6	***		

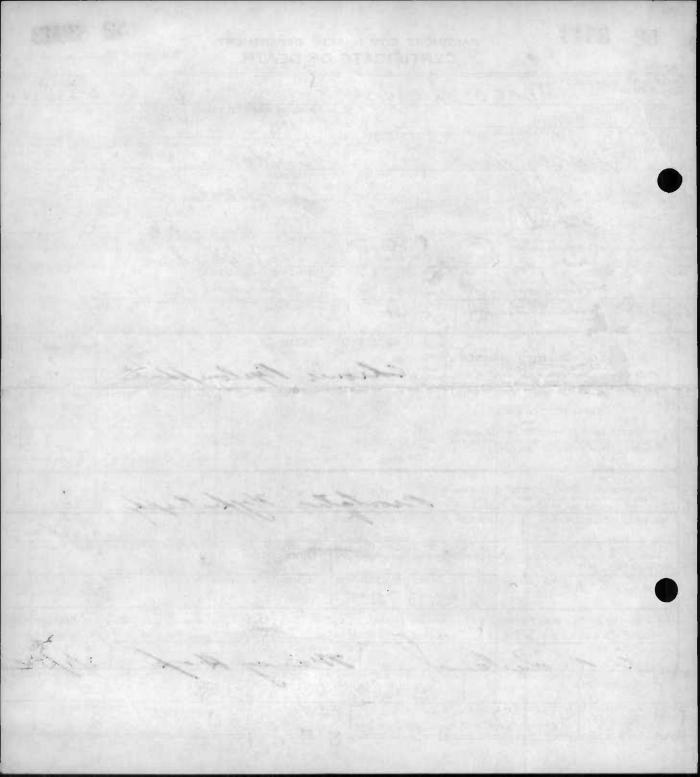
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### BALTIMORE CITY HEALTH DEPARTMENT

52 3543

Registered No .\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JAMES -28.52 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESUDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside comporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLON OR RACE If Under 1 Year 7. SINGLE, MARRIED AGE (In years) li Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify 11. BIRTHPLACE (State opporeign country) 10A. USUAL OCCUPATION (Givekind of) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ansens 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH 600.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Chrone Pyelone black (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION DICA (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE! WHILE AT 2 - 28 , 195 that I last saw the 2 - 2 195 4to 22. I hereby certify that I attended the deceased from\_ deceased alive on 2-27, 195 and that death occurred at Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR



52 3544 BIRTH NO.	CERTIFICATE OF DEA	
1. NAME OF DECEASED (Type or Print)	Joseph Brown	2. DATE OF Feb. 12-

(Type or Print)		Joseph	Brown		OF TO	b. 12-1952
3. PLACE OF D		Cocpa	22 0 112	4. USUAL RESIDENCE (	1	
	City, Maryland			A. STATE	B. COUNTY	before admissio
B. FULL NAME			ution, give street address or location)	Maryland		
HOSPITAL OR INSTITUTION	Baltimore		ospitals location		f outside corporate limits	write RURAL and gi
3.1	4940 Easter	a Ave.		Baltimere	Po	
			Yrs. Mos.	o. STREET ADDRESS (If	rural, give location	Eastern
c. ngth of s	stay in Baltimore	L	ife Days	Baltimore City H		Ave.
5. SEX	6. COLOR OR RACE		LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year   If Under 24 Hounths; Days   Hours   Min
M	N		ngle	?-?-?	789	Leno Days Hours III
	CCUPATION (Give kind of		D OF BUSINESS OR	11. BIRTHPLACE (State or i	foreign country)	12. CITIZEN OF
rork done during most	of working life, even   fretired)		INDUSTRY	Maryland		WHAT COUNTR
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
	Joseph S.	Brown		Jean ?		
15 WAS DESCRIBE	-					
(Yes, no or nnknown)	SED EVER IN U. S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Baltimor	e City Fornia	DDRESS
				Records: 4940 Ea	stern Ave.	41.0
(This doe	SE OR CONDITION LEADING TO DEA' s not mean the mode of ure, asthenia, etc. It mea	TH of dying, e	s., (A) Hyperte	of DEATH	ular Disease	OVER
	complication which					
Market Market	ANTECEDENT CAUS	SES				
Z	a on countrious .		(B)	***************************************		*******
RISE TO	S OR CONDITIONS, 1 THE ABOVE CAUSE (A)	STATING				
UNDERL	YING CONDITION LA	ST.	(C)		************	
TRIBUTIN	II SIGNIFICANT CONDI G TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELA	TEO Comphys mi	rombosis due to	Arteriosclero	Over 10yrs.
19A. DATE	OF OPERATION 1	9B. MAJO	R FINDINGS OF OPER	ATION		YES NO
	DENT WAS UNDER- OR CONTRIBUTING DEATH		LACE OF INJURY (e. g., I e, ferm, factory, street, office bldg.,		(If in Baltimore City, g	ive exact location)
210. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
INJURY		m.	WHILE AT NOT WHILE			
00 71				1020 / 0	100	About 7 Innt and a
	by certify that I att		e deceased from 7-1	, 1939, to 2	1952	-, that I last saw t

deceased alive on 2-12-, 1952, and that death occurred at 2.30 AMm., from the causes and on the date stated above.

	,,		/ 3	
23A. SIGNATURE	61	23B. ADDRESS		23c. DATE SIGNED
98.	Mogen	M. o. 4940 Eastern	Ave. Baltimore Md.	3-10-1952
. BURIAL CREMA- 248 DATE	24c NAME C	F CEMETERY OR CREMATOR	Y   240, LOCATION (City, town,	or county) (State)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

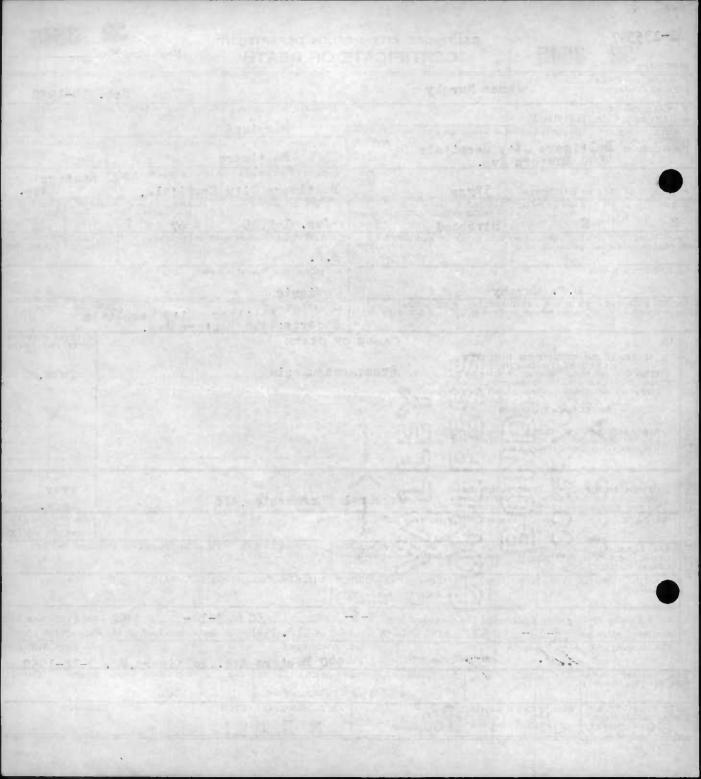
25. FUNERAL DIRECTOR

ADDRESS

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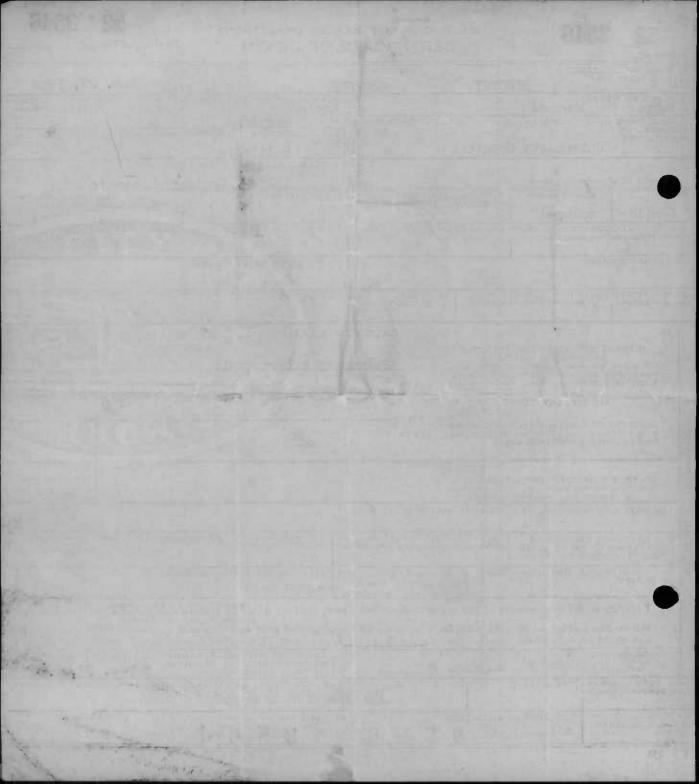
BIRTH NO.								
1. NAME OF D (Type or Print)	DECEASED J.	ames Mu	rphy		2. DATE OF DEATH	Feb.	14-1952	,
B. FULL NAME	City, Maryland		ion, give street address or location)	4. USUAL RESIDENCE (VA. STATE  Maryland  C. CITY OR TOWN (If		d. If insti	tution: resider before admi	nce ission
3 1	4940 Eastern	Ave.	Yrs.	Baltimera	26	-1		nship
	tay in Baltimore	37yr	Mos. Days	D. STREET ADDRESS (If Baltimere City I	Hospitals.	<b>1940</b>	Eastern Av	·e.
M.	6. COLOR OR RACE	7. SINGLE WIDOW Divor	MARRIED. /ED, DIVORCED (Specify)	B. DATE OF BIRTH  Jan. 1-1885	9. AGE (In years last birthday)	Months	1 Year   If Under Days Hours	24 Hours Min.
OA. USUAL OC ork done during most	CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12.	CITIZEN OF WHAT COUN	VTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N.	AME			
	D.P. Mur	hy		Winnie				
15. WAS DECEAS Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Records: 4940 Eas	re City Hes	pita]	ESS	
(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEAT a not mean the mode o ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	'H f dying, e. g ns the disens aused death ES F ANY, GIVIN STATING TH	e, (A) Brench	OF DEATH  Opneumenia			INTERVAL BET ONSET AND I	
TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	CAUSING I	Cerebra.	l Thrembesis , eld			over 6mos.	
19A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION			YES N	SY?
21A. ACCID LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	ACE OF INJURY (e. g., in farm, factory, street, office hidg., e	or 21c. WHERE DID (1 INJURY OCCUR?	If in Baltimore Ci-	ty, give		
TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	Y OCCUR?			
deccased a	live on 2-14-	ended the , 19 <b>52</b> ,		red at 12.054M from t	<b>-14-</b> , 1 he causes and o	n the d	ate stated a	ibove
23A. SIGNA	TURE Of.	loge		38. ADDRESS 1940 Eastern Ave.	Bal+imore		3-10-106	
24A. BURIAL, TION, REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L IS MICUILAL SUNUUL MAR I	2 1952	own, or co	ounty) (S	tate)
APR 13		s signatu	Williams, 19	25. FUNERAL DIRECTOR.	of Health	AD	DRESS	
VS 150	100	0			200000			



52 3546

Registered No.

DILLI	H NO.						
	AME OF D	ECEASED	DOROTHY	McCLU	RE	2. DATE OF Feb	27, 1952
	ACE OF Caltimore	EATH: City, Maryla			4. USUAL RESIDENCE (		
B. FL	JLL NAME			itution, give street address or	Maryland		
	PITAL OR			location)	C. CITY OR TOWN (I	f outside corporate limit	ts, write RURAL and giv
3:1		Universi	ity Hospit	tal	Baltimore		O L township
- 1				Yrs.	D. STREET ADDRESS (If	rural, give location)	
C	igth of s	stay in Baltin	nore	Mos. Days	1525 W. T.	exington Stre	et.
5.		6. COLOR OR		GLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
	emale	colored	3	OWED, DIVORCED (Specify)	U	32	onths Days Hours Min.
10A. vork do	ne during most	CUPATION (Gir of working life, even	ve kind of 108. Ki	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. F	ATHER'S	NAME			14. MOTRER'S MAIDEN N	AME	
		N			0		
15. V	VAS DECEAS	ED EVER IN U.S	ARMED FORCES	7   16. SOCIAL	17. INFORMANT		DDDESS.
Yes, n	o or unknown)	(If yes, give wa	ir or dates of service)	SECURITY NO.	N	A	DDRESS
		18			N		
1	8.002	X		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR COND	TION DIRECT	LY			
	(This does	s not mean the	mode of dying.	e.g., (A) Pulmo	nary tuberculosis	2	
	injury or	complication	. It means the dis which caused de	sease.			
		ANTECEDENT	CAUSES				1
Z			ONS, IF ANY, GI		•••••••••••••••••••••••••••••••••••••••	***************************************	
2		YING CONDIT	SE (A) STATING ION LAST.	THE DUE TO			
<u> </u>				(C)		***************************************	
		11					THE PARTIES AND DESCRIPTION OF THE PARTIES AND
El			CONDITIONS O				
<u> </u>			DITION CAUSING				
15	9A. DATE C	F OPERATION	198. MAJ	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
_ ال							YES NO X
7 0	NDERLYIN	NAL CAUSE W G OR CON CAUSE OF D	ITRIB. about hor	PLACE OF INJURY (e. g., in me, farm, factory, street, office hldg., e	1 or 21c. WHERE DID (1 to.) INJURY OCCUR?	If in Baltimore City, a	give exact location)
		(Month) (Day)	(Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
0	F INJURY		m.	WHILE AT NOT WHILE			
	I certi,	fy that I tool			bove, held an inspect	ion & inquir	Y thereon and from
	the evi	idence obtain	ed by said A	utopsu. Inspection or I	Autopsy, nauiru, find that said de	Inspection or Inquiry eccased died on th	e day stated above
	and de	ath in my op	inion resulted	d from: natural causes	ħ, accident □, suicide	$\Box$ , homicide $\Box$ , u	$ndetermined \square.$
2	3A SIGNA	TURE		4	238. CHIEF MEDICAL ASSISTANT MEDICAL	EYAMINED X	
/	Ma	ley/n.	ame		D.   MEDICAL INVESTIGAT	or [Fe	b. 28, 1952
	BURIAL (S		ATE	JOHN HO	PKINS MEDICAL SCHOOL MAI	R 1 0 1952	or county) (State)
	RECEIVE		TRAR'S SIGNA	TURE,	25. FUNERAL DIRECTOR		ADDRESS
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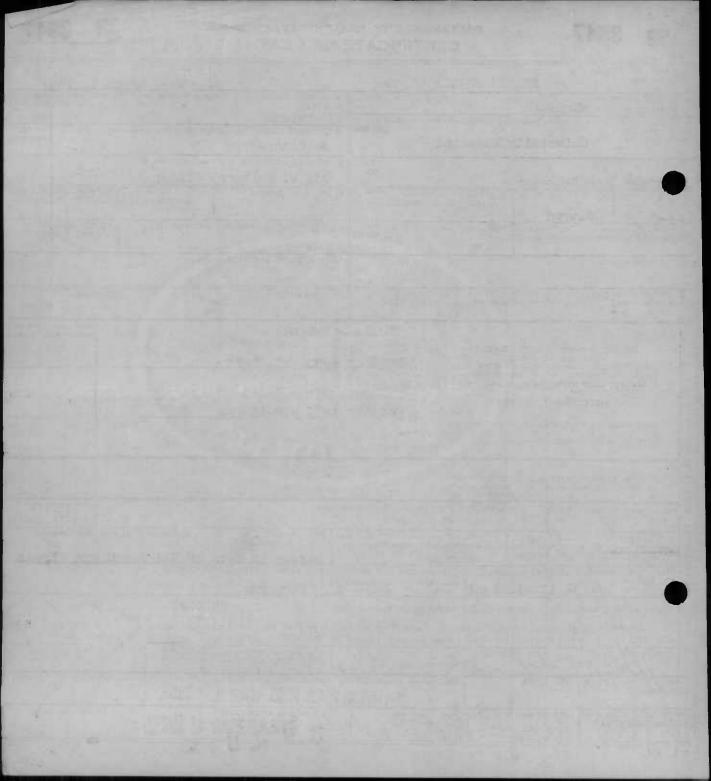


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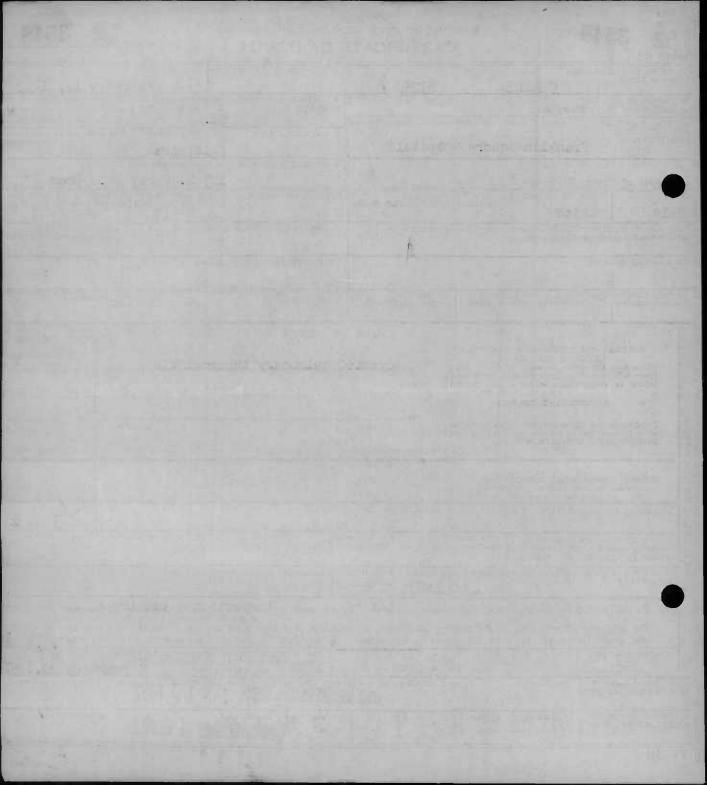
### BALTIMORE CITY HEALTH DEPARTMENT

52 3547

Registered No CERTIFICATE OF DEATH BIRTH NO. 2. DATE NAME OF DECEASED (Type or Print) OF FRANK PRINCE DEATH March 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital 0 Baltimore o. STREET ADDRESS (If rural, give location) Mos. 781 W. Mulberry Street gth of stay in Baltimore Days 8. DATE OF BIRTH If Under 1 Year AGE (in years 6. COLOR DR RACE 7. SINGLE, MARRIED last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Colored 10A. USUAU OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED FYER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Gunshot wound of chest (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Massive left hemothorax RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X CAL (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIBUTING CAUSE OF DEATH. 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or INDERY OCCUR? about home, farm, factory, street, office bldg., etc.) garage in back of 7/1 Sarah Ann Street garage 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED /1/52 12 midnight firearms AT WORK autopsy thereon and from 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER .... | 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ..... 23A. SIGNATURE MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24B. DATE 4c. NAME OF CEMETERY ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR V S 151



	52 3	548	BAI	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No.	3548
ВІ	RTH NO.						
	NAME OF D	ECEASED CHARLE	ES	HICKS		2. DATE OF DEATH Februar	
A.		City, Maryland	1 - 2 - 2 - 2		4. USUAL RESIDENCE (VA. STATE	Where deceased lived, If install B. COUNTY	titution: residence before admission)
HC	SPITAL OR STITUTION	Franklin S		ion, give street address or location)	C, CITY OR TOWN (I	f outside corporate limits, w	rite RURAL and give township
2		L LGHYTTH F	oquar e	-		altimore	
				Yrs. Mos.		f rural, give location)	D //o
9	ngth of s	stay in Baltimore		Days		07 N. Carey St.	
5. M	ale	6.COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	S. DATE OF BIRTH	9. AGE (In years last birthday) 47	s Days Hours Min.
10 work	A. USUAL OC.	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BMTHPLACE (State or f	foreign country)   12	. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME			14. MOTMER'S MAIDEN N	IAME	
	-17	N			0		
15 (Yes	. WAS DECEAS , no or anknown)	EDEVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
ERTIFICATION	(This doe heart failt lnjury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION CONDITION LA  TO THE OEATH, BUT	TH of dying, e. uns the diseaseausod deatl SES F ANY, GIVII STATING T AST.	(A) Advance (B)  (B)  (C)	ad pulmonary tube	rculosis	
山山	TO THE C	SEASE OR CONDITION	CAUSING	IT.			
U	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS IG  OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If ln Baltimore City, give	
M	210. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK	ED 21F, HOW DID INJUR	Y OCCUR?	
	the ev and do	idence obtained by eath in my opinion	said Auto	opsy, Inspection or I	Inquiry, find that said of S X, accident □, suicide 23B. CHIEF MEDICAL	Inspection or Inquiry deceased died on the company in the company	day stated above etermined [].
24 TIC		CREMA- 248. DATE Specify		24C. NAME OF CEMETE	I.D. MEDICAL INVESTIGATION OF CREMATORY 240. L	TOR   I F COI	uary 20,195 county) (State)
	TE RECEIVE	RAR Tunta	- Allerton	Valiaus, My	25. FUNERAL DIRECTOR	ner of Health ^	DDRESS



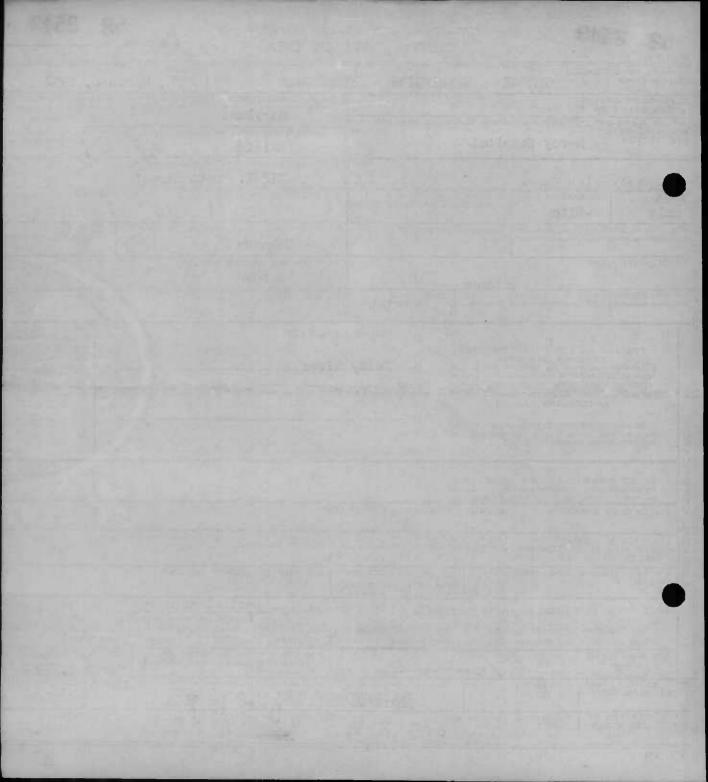
52 3549

	RTH NO.		CERTIFICATE	E OF DEATH	Registered N	0.
1.	NAME OF Depe or Print)	GEORG'	e Washington Si	COCKSDALE	2. DATE OF DEATH March	4, 1952
Α.		City, Maryland		4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived. If in B. COUNTY	nstitution: residence before admission)
HO	FULL NAME SPITAL OR STITUTION	Mercy Hos	al or institution, give street address or location) pital		outside corporate limits	write RURAL and give township
2	ngth of s	stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 214 E. Pr	rural, give location) att Street	
5. M	ale	6.COLOR DR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years lf last birthday) Mon	ths Days Hours Min.
10/ work	A. USUAL OC done during most	CCUPATION (Give kind of of working life, even if retired)	10в. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Unknown	oreign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S		in less over	14. MOTHER'S MAIDEN N. Unknown	AME	
15. (Yes,	WAS DECEAS	ED EVER IN U. S. ARMED	nknown  Forces:  of service)  16. SOCIAL  SECURITY NO.	17. INFORMANT	AD	DRESS
ERTIFICATION	OISEA (This doe heart fail injury or DISEASE RISE TO UNDERL	I.SE OR CONDITION LEADING TO DEA' es not mean the mode of ure, asthenia, etc. It men complication which of ANTECEDENT CAUSE ES OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e.g., ns the disease, caused death.)  EES  F ANY, GIVING STATING THE OUE TO  (C)			
CERTI	TRIBUTIN TO THE D	SIGNIFICANT CONDI G TD THE DEATH, BUT DISEASE DR CONDITION	NDT RELATED CAUSING IT	ATION		20. AUTOPSY?
			9B. MAJOR FINDINGS OF OPER  1 21B. PLACE OF INJURY (e.g., in		If in Baltimore City, gi	YES NO
EDICAL	UNDERLYIN	NAL CAUSE WAS NG  OR CONTRIB- CAUSE OF DEATH.	about home, farm, factory, street, office bldg., e	to.) INJURY OCCUR?	it in Partimore Oity, gr	ve exact location,
Σ	OF INJURY		m. WHILE AT NOT WHILE			
	the ev	idence obtained by eath in my opinion	ge of the remains described a said Autopsy, Inspection or I resulted from: natural causes	nquiry, find that said d	eceased dicd on the $\Box$ , homicide $\Box$ , un	idetermined
	23A. SIGNA	tenley &		238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	OR Ma	rch 4, 1952
TIO	A. BURTAL, N. REMOVAL (	Specify) 248. ATE	JOHN HOPKINS	MEDICAL SCHOOL MAR 1	3 1952	or county) (State)
	TE RECEIVE		s SIGNATURE	25 FUNERAL DIRECTOR	ef Health	ADDRESS

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6. Te Sel Health Dotal

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## BALTIMORE CITY HEALTH DEPARTMENT

52 3550

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Charles James Carroll April 11, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 402 S. East Ave. B. COUNTY before admission) Marvland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Yrs. D. STREET ADDRESS (If rural, give location) gth of stay in Baltimore Days 402 S. East Ave. 5. SEX 6. COLOR OR RACE 7. SINGKE MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours! Min. 65 Oct. 14, 1886 White Marri ed 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Balto. Transit Co. Retired Conductor Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry King Carroll Mary Sullivan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mary Karl Carroll 1st World War 402 S. East Ave. Yes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF O. TRATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE 22. I hereby certify that I attended the deceased from. 1, 195 V, that I last saw the deceased alive on 19 and that death occurred at. from the causes and on the date stated above. 23A. SIGNATURE 23B-ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREM 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY April 15. Burial Baltimore National Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Milly & Zeiter Unc. 403 S. Wolfe St.

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52 3551

### CERTIFICATE OF DEATH Registered No. 3551 BALTIMORE CITY HEALTH DEPARTMENT

BIR	TH NO.			CERTIFICATI	E OF DEATH		
	AME OF D					2. DATE	
		Edward Ac	lam Wues	tner			1 12, 1952
3. P	Baltimore (	City, Maryland	201 S. E	llwood Ave.	4. USUAL RESIDENCE (	Where deceased lived, If B. COUNTY	institution: residence before admission)
B. F	ULL NAME	OF (If not in hosp	pital or institu	tion, give street address or location)			
	TITUTION	0) 11	8 00	1 and to	c. CITY OR TOWN	If outside corporate limi	ts, write RURAL and give township)
17	0	2010	61.00	woode	Baltimore	1 - 6	
				Yrs. Mos.	D. STREET ADDRESS (I		
c. X		tay in Baltimore	EL 7 CINCL	E. MARRIED.	201 S. Ellwoo		If Under 1 Year   If Under 24 Hours
	ale		WIDOV	VED, DIVORCED (Specify)	June 24, 1893		onths Days Hours Min.
		White CUPATION (Give kind	Divo	D OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
ork d	one during most o	of working life, even if retire	od)	NDUSTRY		Toreign country)	WHAT COUNTRY?
	Laborer FATHER'S N	JAME		1	Baltimore	14.145	
	Henry W			•	Mary Stumpne	r	
Yes,	no or unknown)		ates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
_	Yes	lst World	ı war	2/2-16-340	Mrs Marie Wilso	n 3724 Elm	ley Ave.
1	18. 23	0X		CAUSE	OF DEATH	11	ONSET AND DEATH
	DISEAS	SE OR CONDITION		H.l.	2 - 2/2 1	Who had	Thon-
	(This does	not mean the modere, asthenia, etc. It m	of dying, e.	8., (A)	connecte	/ reconso y	J Vacago.
		complication which			1	00	
		ANTECEDENT CA	USES	leve	has alten -0	telecom	- 3/
	2102102			(B)	fort	,*	
2	RISE TO T	HE ABOVE CAUSE (	A) STATING T	HE DUE TO	no per source		
5	UNDERLY	ING CONDITION	LAST.	(C)	***************************************	***************************************	
	OTHER S	II IGNIFICANT CON	DITIONS CO	N. 00	000	01:	'2
1		TO THE DEATH, BU			one are	Thereen	
, -		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
ξ.							YES NO
3		ENT WAS UNDER	2 . 2	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City,	give exact location)
	CAUSE OF	R CONTRIBUTING[ DEATH		The state of the s	HODRY OGGAN		
	210, TIME	(Month) (Day) (Yes	ar) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
	NJURT		m.	WHILE AT NOT WHILE		0 1	
	22 I harch	y certify that I a		13-	for 4 19 7 to	emelV 105	What I last saw the
	deccased ai	lingon Charles	V 101 2/	and that death occur		/	the date stated above.
	23A. SIGNA	TURE 16	1, 134,		3B. ADDRESS	the causes and on t	23c. DATE SIENED
	de	me 5	eng	M. D.	roov & Smith	ST	4/18/152
24A	BURIAL,	CREMA- 248. DATE		24c. NAME of CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town	
B	removal (Surial	April	15, 52	Parkwood		Baltimore, Ma	ryland
	E RECEIVE		R'S SIGNAT	URE	25. FUNERAL DIRECTOR		ADDRESS
A	PR 14	1957 Hunt	instor &	Velliaux. Ni?	Libly & Zeila	Inc. 403 S.	Wolfe St.
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	50	2550	BAL	TIMORE CITY H	EALTH DEPARTMENT	52	3552
ВІ	RTH NO.	3552	1	CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF D	EMIL	44. W	ILLIAMS	•	2. DATE OF DEATH 4-11	-5'2
Α.		City, Maryland	1		4. USUAL RESIDENCE (V	Where deceased lived. If inst	itution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION		•	on, give street address o location		outside corporate limits, w	
2	V	UNIVE	25/17	Hosp.	BACTIN	ORE, METAVI	SH - AVE-
C.	ngth of s	stay in Baltimore	Maria I	Yrs. Mos. Days	-7/C/ n	rural, give location)	AUE
5.	SEX	6. COLOR OR RAC		MARRIED, ED, DIVOPCED (Specify	ALAMINOVOLETHOSE	9. AGE (n vars if Under last C the lay) Month	r 1 Year H Under 24 Hours S Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retire	of 10s. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY
13	FATHER'S	W/			14. MOTHER'S MAIDEN N	LAND-	USA.
		HALLES		TH	ELEAN		) -
15 (Ye	, no or unknown)	ED EVER IN U. S. ARM (If yee, give war or de	ED FORCES?	SECURITY NO.	TEPHENE WIL	LIAMS 3683 N	1º TAVISh
	18. 151	X		CAUSE	OF DEATH	Maria Hilliam	INTERVAL BETWEEN
		SE OR CONDITION	ATH	CA	Reinoma -	CTAMACIL	2
	heart failu	s not mean the mode are, asthenia, etc. It m complication which	eans the disease	,		3101	
		ANTECEDENT CAL			DEHVORNE		
O		S OR CONDITIONS.		G	DEHY DRAT		
ERTIFICATION		THE ABOVE CAUSE (A		E DUE TO	BCNUTRI	7/010-	
1FIC		- 11					
ERT	TRIBUTING	SIGNIFICANT CON	T NOT RELATE	D			
U		OF OPERATION		FINDINGS OF OPE	RATION		20. AUTOPSY?
CAL	TVC	DIVE O					YES NO
MEDICAL		ENT WAS UNDER . R CONTRIBUTING[ DEATH		CE OF INJURY (e. g., arm, factory, street, office hidg.		If in Baltimore City, give	exact location)
2	21D. TIME NJURY	(Month) (Day) (Yes	3 34 34 - 3	1E. INJURY OCCURE		Y OCCUR?	
		2	m.	WORK NOT WHILE		11.011 87	
	22. I hereb			deceased from 4		4-11, 195,4 he causes and on the	
И	23A. SIGNA	THRED			23B. A) DRESS		3c. DATE SIGNED
24	AURIAL		بعر	M. D.	ERN OF CREMATORY 1 24D IV	OCATION (City, town, or	county (State)
议人	A BURIAL,	Specify) 4-14		Loudow	Past )	allo m	
D/	ATE RECEIVE	RAR ST	R'S SIGNATU	Pelbiauer Siz	25 FUNERAL DIRECTOR	3.m.Wal	DDRESS
		130%	1.00	thatter its	Dry XI. Ol	reter O	X.
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 **3553** 

BIRTH NO.			CERTIFICATI	E OF DEAT	Н	Registered 1	No.	
1. NAME OF I						2. DATE		
(Type or Print)	Salvato	re Cata	alfo			OF DEATH Apr	il 10 195	52
	City, Maryland	2729 E	Chase St.	4. USUAL RESIDE	ENCE (Whe		institution : res	
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	(lf on	tside corporal limit	to August 201DA1	Conductive
INSTITUTION				Baltimore	(11 04	iside corporate input		township)
V			Yrs.	D. STREET ADDRE	ESS (If ru	ral, give location)		
c. Length of	stay in Baltimore		46 YRS. Mos. Days	2729 E.Cha	se St.			
5. SEX	6. COLOR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	1 5	last birthday) Mo	onths Days Ho	nder 24 Nous urs Min.
Male	White CCUPATION (Give kind of	Marrie		Nov. 15 1	871	80	4 21	05
coat Pr	t of working life, even if retired)	Retire	O OF BUSINESS OR INDUSTRY	Buoncaville			12. CITIZEN WHAT CO	
13. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAM	ia Italy		-
	io Catalfo			Maria M	URSIA			
15. WAS DECEAS	SED EVER IN U. S. ARMEL	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			DDRESS	
	,	,	220-07-0612	Frank Cata	lfo	2729 E.	Chase St.	
(This does heart fail in jury of the property	ASE OR CONDITION LEADING TO DEA' es not mean the mode of lure, asthenia, etc. It mea r complication which of ANTECEDENT CAUS ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA	TH of dying, e. ins the disease caused deatl SES F ANY, GIVII STATING T SST.	NG DUE TO ANY  (B) Brown  (B) Brown  (C) My	ting godi the godi che meno onshter	Jan Jan	cula Brown	I da unfon Markin 2 da - 1 cos	Z Z
	SIGNIFICANT COND.							
U TO THE	DISEASE OR CONDITION	CAUSING	IT	ATION			20, AUT	ODEVA
_	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION			20, AU1	NO [
21A. ACCID HOMICIDE	DENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i. farm, factory, street, office bldg.,			in Baltimore City,	120	
D. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK		INJURY (	OCCUR?		
	by certify that I att				no ap	causes and on t	that I last	
234.50 K	TURE ON	_, 19	and that death occur	3B. ADDRESS	, from the	causes and on t	23c/DATE	
Mi-		· gra		2942 E. 7	layette	JA.	4/11/	12
24A. BURIAL. TION, REMOVAL (	CREMA- Specify) 248. DATE	0	24c. NAME OF CEMETE			CATION (City, town		(State)
Burial	April 1	1952	Holy Redeemer	Compatance	4430	Belair Rd.		
DATE RECEIVE		5 SIGNATI	12.20	25. FUNERAL DIR	DA DA	11.00	ADDRESS	

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52	3554
BIRTH	NO.

### CERTIFICATE OF DEATH Registered No. 3554 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	J M.		JERTH TOATE	OI DEATH		
1. NAME OF E	DECEASED				2. DATE	
	\$	BALVATO	RE BRA	AFA	DEATH Apr	il 12, 1952
a. Baltimore	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, I. B. COUNTY	f institution: residence before admission)
B. FULL NAME		tal or institutio	on, give street address or	Maryland	1	
HOSPITAL OR INSTITUTION			location)			t, write RURAL and give township)
7. 11	Mercy Hospi	tal		Baltimon		township)
			Yrs. Mos.	D. STREET ADDRESS (1		
rngth of s	stay in Baltimore	7. SINGLE.	Days	8. DATE OF BIRTH	High Street	46 Under 3 West   12 Under 0.6 Day
3.02			ED, DIVORCED (Specify)	1	9. AGE (In years last birthday) M	if Under 1 Year i Under 24 Hours onths Days Hours Min.
Male	White CUPATION (Give kind of	Marrie	OF BUSINESS OR	May 4 1870 11. BIRTHPLACE (State or	81	11 8
work done during most	of working life, even if retired)		INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
Fruit M	erchant	Self		Ragusa 14. MOTHER'S MAIDEN I	Italy	
	pe Brafa					
15. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES? I	16. SOCIAL	Giuseppina		
(Yes, no or unknown)	(If yes, give war or date	os of service)	SECURITY NO.	Anthony J.Br		Belvedere A.
18. 44	/3 X .		CAUSE (	OF DEATH		INTERVAL BETWEEN
/ /	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
(This doe	LEADING TO DEA	of dying, e.g.,	(A) Hyper	tensive arterios	clerotic card	lio
heart fail	ure, asthenia, etc. It mes complication which	ans the disease,		lar disease		100000000000000000000000000000000000000
	ANTECEDENT CAUS					
	ANTICEDENT CAO.	323	(B)			
	S OR CONDITIONS, :					***************************************
	YING CONDITION L		(C)			
3			(0)			
OTHER S TRIBUTING	II SIGNIFICANT COND	ITIONS CON-				
TRIBUTING	G TO THE DEATH, BUT DISEASE OR CONDITION					
( )			FINDINGS OF OPERA	ATION		20. AUTOPSY?
1						YES X NO
UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.	about home, fare	E OF INJURY (e. g., in m,factory,street,office bldg.,et	or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
21D. TIME	(Month) (Day) (Year)	(Hour)   21	IE. INJURY OCCURRE	D 21F. HOW DID INJUR	RY OCCUR?	
OF INJURY			NOT WHILE			
22. I certi	fu that I took char		emains described a	hove held an Part	ial Autopsy	_ thereon and from
				Autopsy.	Inspection or Inquiry	
and de	eath in my opinion	resulted for	sy, Inspection or It om: <u>natural causes</u>	nquiry, find that said of \(\mathbb{Z}\), accident \(\mathbb{D}\), suicide	deceased died on the c □, homicide □, i	te day stated above, indetermined $\square$ .
23A. SIGNA	TURE	1/ /2-	201	238. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER 23	C. DATE SIGNED
24A. BURIAL.	CREMA- 24B, DATE	1 24	C. NAMEO CEMETER	D.   MEDICAL INVESTIGA RY OR CREMATORY   24d. I		pril 12, 1952 or county) (State)
Burial	April	- 1	Holy Redeeme		30 Belair	
DATE RECEIVE	D BY   REGISTRAR'	S SIGNATUR		AS FUNERAL PHRECTOR	To Bergir	ADDRESS
APR 141		ington V	Villians My	Smull Gella	hoee 322	S. High St.
V S 151		0				, //

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF . (If not in hospital or institution, give street address or MARYLAND CALUERT HOSDITAL Foll the location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Frederick MINCE D. STREET ADDRESS (If rural, give location) Yrs. Mos. igth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. MARRIED 10-51-58 IOA. USUAL OCCUPATION (Givekind of rork done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF MORGANTOWN WHAT COUNTRY W. VA. Registered Nurse USA. HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MATTE MILLS Mille - CORA - Lee Rover 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT PRINCE FRE (Yes, no or unknown) SECURITY NO. Mother in LAW MARYLAND INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ECLAMPSIA - 32WKS PREGNAUT (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION Delivered NORMAL, Lig 20, AUTOPSY CARSARRAN Section ~ PREMATURE MAIE CHILD YES X 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE WORK 19 to. . 19 that I last saw the 22. I hereby certify that I attended the deceased from. 41.3, 19.52 and that death occurred at & ... Am., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OF CREMATORY ADDRESS' REGISTRAR'S SIGNATURE ATE RECEIVED BY 25. FUNERAL DIRECTOR OCAL REGISTRAR VS 150

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# CERTIFICATE OF DEATH Registered No. 3556

BIRTH NO.	
	Franklin   2. DATE OF DEATH 4-13-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE BCOUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location INSTITUTION  With the street address or location institution, give street address or location institution.	
c. hgth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF SIRTH  9. AGE (In years if Under I Year last birthday)  May 16. 1893  9. AGE (In years if Under I Year last birthday)  Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  Self Embloy	11. EARTHPLACE (State or foreign country)  Beltimore Countx  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Patterson	14. MOTHER'S MAIDEN NAME  Sarah Cole
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT  Mrs. Cora Ruby 3934 8 1m gre  Mrs. Cora Ruby B. 134 8 1m gre
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	of DEATH  one left femporal  one loft femporal
TO THE DISEASE OR CONDITION CAUSING IT.	
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURF WHILE AT WORK AT WORK	
deceased alive on 4-13,52,19 and that death occu	rred at 7 2, 19 , to 4-13-52, 19 , that I last saw the rred at 7 2, m., from the eauses and on the date stated above.  23 ADDRESS 23C, DATE SIGNED 4-13-52  ERY OR CREMATORY 24D, LOCATION (City, town, or county) (State)
Burial April 16/54 Mt. Z 10	Baltimore Co 25. FUNERAL DIRECTOR ADDRESS
APR 14 1952 Huntington Williams 1158	J. F. Eline Sons, Rustustoun md

Street BALTIMORE CITY HEALTH DEPARTMENT Registered No.2 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) It rest 4-12-52 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: before adulission) B. COUNTY A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limit), write NORAR and give (ocation) township) ength of stay in Baltimore Days AGE (In years | H Under | Year | H Under 24 Hours | Months | Days | Hours | Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE CITIZEN OF OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR vork done during post of working life, even if retired) INDUSTR WAS DECEASED EVER N U. S. ARMED FORCES? no or unknown) (if see, give war or dates of service) 16. SOCIAL SECURITY NO. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES NO (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE 19 to 4-12-5219 that I last saw the 22. I hereby certify that I attended the deceased from 4-3-52 deceased alive on 4-12-52, 19 and that death occurred at 4:2 A.m., from the causes and on the date stated above. 23c. DATE SIGNED M. SIGNATURE 4-12-5 REMOVAL (Specify) REGISTRAR'S SIGNATURE DATE RECEIVED BY

vizadna name z z m s mis

BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (When A. Baltimore City, Maryland A. TAT (If not in hospital phastitution, give street iddress B. FULL NAME OF HOSPITAL OR C. CITY OR YOWN INSTITUTION Yrs. Mos. gth of stay in Baltimore Days 6 COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or forei 10B. KIND OF BUSINESS OR INDUSTRY

16. SOCIAL

DUE TO

WORK

24c. NAME OF

SECURITY NO.

OF 11 Clyvel 1952
re deceased lived. If institution : residence в. COUNTY before admission)
side corporate limits, write RURAL and give township)
al give locations) Clebellots SF
AGE (in years of Under I Year of Under 24 Hours of Min.
gn country) 12. CITIZEN OF WHAT COUNTRY
adamp
ADDRESS AND SHIP BY
INTERVAL BETWEEN ONSET AND DEATH
ho-weller 5 gr
mplegra

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

19A. DATE OF OPERATION

CAUSE OF DEATH

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

deceased alive on\_ f. [ ..

210. TIME (Month) (Day) (Year) (Hour)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowu) (If yes, give war or dates of service)

domesty 13. FATHER'S NAME

(Yes, no or unknowu)

18.

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

REGISTRAR'S SIGNATURE

19B. MAJOR FINDINGS OF OPERATION

(B) .....

(C) .....

21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F, HOW DID INJURY OCCUR?

CAUSE OF DEATH

14. MOTHER'S MAIDEN! NAM

, 19\_\_\_, to\_

21E. INJURY OCCURRED AT WORK

22. I hereby certify that I attended the deceased from. 195 and that death occurred at \$130 p.m., from the causes and on the date stated above.

ION (City, town, or county)

(If in Baltimore City, give exact location)

20 AUTOPSY YES

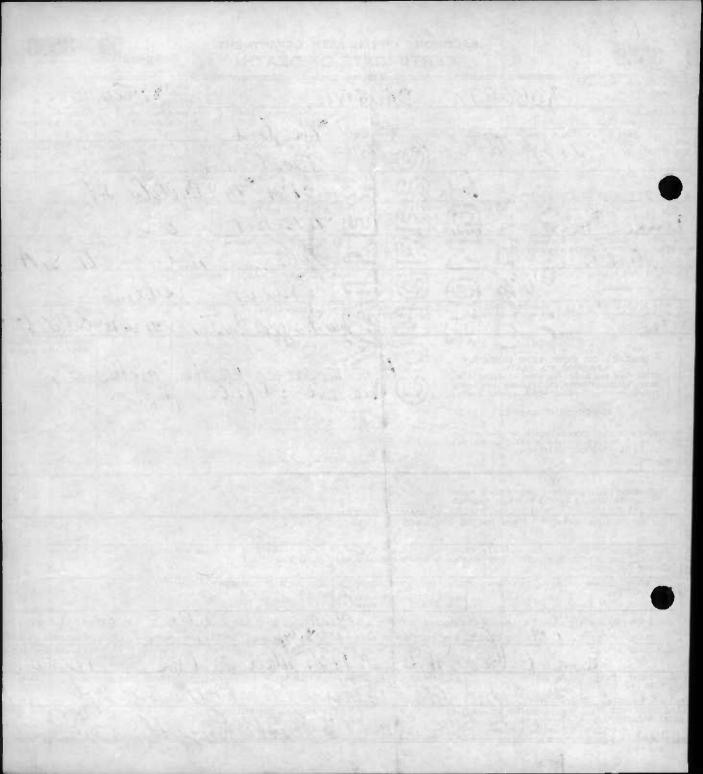
195 that I last saw the

23c. DATE SIGNED

RECEIVED BY REGISTRAR

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23A. SIGNATURE

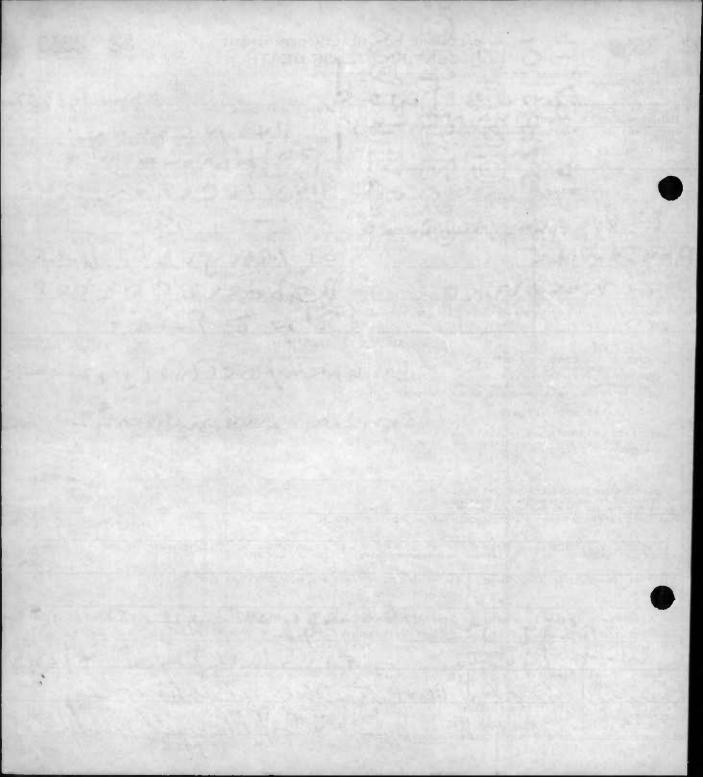


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#### BALTIMORE CITY HEALTH DEPARTMENT

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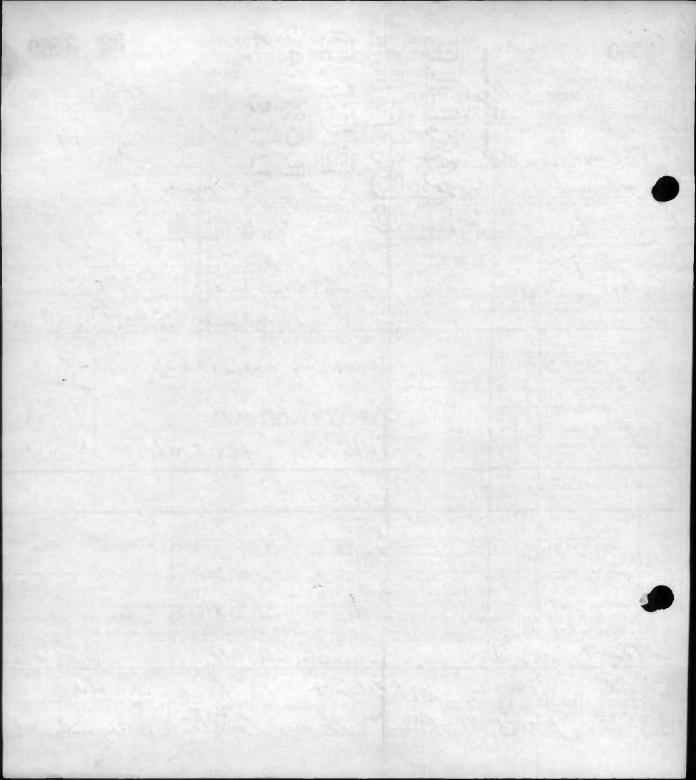
BIRTH NO.	CE	INTITICATI	E OF DEATE	18	
1. NAME OF DECEASED (Type or Print)	112	Paic.	9	2. DATE OF DEATH A:	phil 11/19 57
s. PLACE OF DEATH: A. Baltimore City, Maryland	NZPI	CAREN	4. USUAL RESIDEN		. If institution: residence y before admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION	al or institution, g	give street address o location)	c. CITY OR TOWN	(if outside corporate	limits, write RURAL and give township)
		Yrs.	D. STREET ADDRES	(If rural, give location	1) 16-01
5. SEX 6. COLOR OR RACE	7. SINGLE, MA WIDOWED,	ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday	rs
OA. USUAL OCCUPATION (Cive kind of ordered done during most of working life, eyen if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	13.514		14. MOTHER'S MAIN	DEN NAVE	03+07,
(If yes, give war or date	D FORCES?	SECURITY NO.	17, INFORMANT	7 Pulc	ADDRESS
18. 420.1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mee injury or complication which	TH of dying, e.g., ans the disease,	DUE TO	s wary	200311	ON 2 want
ANTECEDENT CAU	SES	brack	1 PL- Vac	24/21 018	25 2 200
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L.	STATING THE	DUE TO			
11		(C)			
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED				
		IDINGS OF OPER	RATION		20, AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		OF INJURY (e. g., i			ity, give exact location)
21p. TIME (Month) (Day) (Year	) (Hour)   21E.	INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
VJURY	m. WHILE				
22. I hereby certify that I at					9. Sthat I last saw the on the date stated above.
23A. SIGNATURE	مالت	2	3B. ADDRESS	ents.	23c. DATE SIGNED
244 BURIAL, CREMA- 240 DATE 100 REMOVAL (Specify)	6/6/5 Y	NAME OF CEMETE	herase	Baltin	own, or county) (State)
DATE RECEIVED BY REGISTRAR	S SIGNATURE	2 (3 :)	125 FUNERAL DIRE	CTOR O	1463 M. Cares
VS 150	1 Title	allo, Mys		(//	1 1



625 2 3560 BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

(1	Type or Print)	. /	Harsi	hman		OF A A	1.13, 1952.	
3	Baltimore C	EATH: City, Maryland	601 Ros	lyn Aug	4. USUAL RESIDENCE (W			
B.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)		4d.	100	
1	STITUTION	Kenesawi	Post H		C. CITT OR TOWN	dutside corporate an	its, write RURAL and towns	
		7,0,000		Yrs.	D. STREET ADDRESS (If r	0		
C	eth of st	tay in Baltimore		975. Days		nan sx.		
	F	W.	WIDOW	E, MARRIED, ZED, DIVORCED (Specify) dowed.	Dec. 15, 1862	last birthday)	Months Days Hours M	louis lin.
or 1 (	k done during most o	CUPATION (Give kind of working life even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTI	RY?
7	FATHER'S N		~		Maryland			
	Georg	1	2× 4		Lat name Smith	cela	eyname	
1!	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	2007	ADDRESS	_
X	(NO	(If yes, give war or date	s of service)	SECURITY NO.	Harold Harshman	3917 Bai	reman 3x.	1
	18. 420	0.1	10,81	CAUSE	OF DEATH		INTERVAL BETWE	EEN
		E OR CONDITION	ГН	Care	22.22.6.4.4.4.4.4	1	12	. 161
	heart failui	not mean the mode ore, asthenia, etc. It mea	ns the diseas		phary occlas	i 0 M.	/hr.	
		eomplication which c						
7		ANTECEDENT CAUS		(B) arte	riosclerosis		? gr	,
2	RISE TO TH	OR CONDITIONS, I	STATING TH				3	
5	UNDERLY	ING CONDITION LA	ST.	(c) Den	ility, gen	eral	: 979	
		11						_
2	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	0	oue.			
		F OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY	
7							YES NO	
101		ENT WAS UNDER. CONTRIBUTING	2 IB. PLA	ACE OF INJURY (e. g., is arm,factory,street,office bldg.,	n or 21c. WHERE DID (If the option) INJURY OCCUR?	in Baltimore City,	give exact location)	
=	210. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
			m.	WORK NOT WHILE			Set 181 - La	
	22. I hereby	y certify that I att	ended the	deceased from Fee	5. 16 , 1952, to Ap	): /3 , 193	that I last saw	the
	deceased al	ive on teb. 23	. 1952		red at 6:00 P. m., from th	e causes and on		
	1201	etB. They	at.	м. р. 7	Ledical art Blas		23c. DATE SIGNI	ED
21	AA. BURIAL, CON REMOVAL (SI	REMA- Decify)	152	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	CATION (City, town		:e)
5.	ATE RECEIVED	BY REGISTRAR	SEIGNATA	TI QUA MAD	25. FONERAL DIRECTOR	550	ADDRESS	
1	IPR 14 1	Juny	1 Ha	y limited to	nover Bar	lon Wal	hersille, mr	_
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

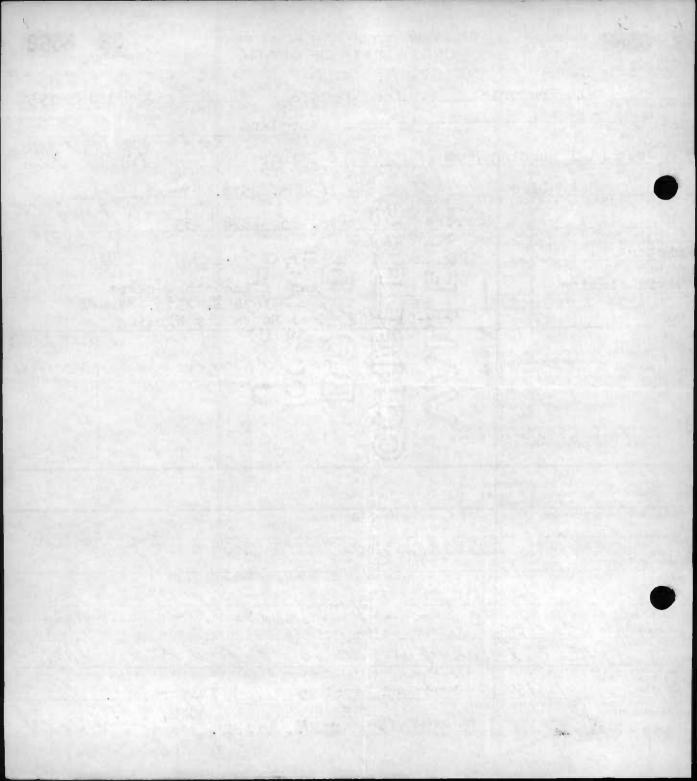
BIRTH NO.	OLIVINI TOXY			
1. NAME OF DECEASED	ASYL, HUNGER		2. DATE	FOR THE PARTY
	ROBEY		DEATH APP11	
a. Baltimore City, Maryland		4. USUAL RESIDENCE (W. A. STATE Maryland	P COLINTY	before admission)
B. FULL NAME OF (If not in hospital or ins HOSPITAL OR INSTITUTION	location)		outside eorporate liprite, v	
1832 N. Washir	gton Street	Baltimore	e X .	O Stownship)
	Yrs.	D. STREET ADDRESS (If 1	rural, give location)	
c. Length of stay in Baltimore	Mos. Days	1 832 N. Washi	ington Street	t
	NGLE, MARRIED. DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   Un	der I Year If Under 24 Hours hs; Days Hours Min.
M W Mar	ried	Sept. 28, 1880	71	1204.0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	CIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)   12	2. CITIZEN OF
Chauffeu <b>e</b> Bal	timore City	West Virginia	ps	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Frank C. Robey		Annie E. Franks	3	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or ookoown) (If yes, give war or dates of service)	S? 16. SOCIAL SECURITY NO.	17. INFORMANT 1832	N. Washing	Ales Street
no	none	Mrs. Anna Ogle	Robey	
18. 422./	CAUSE	OF DEATH		INTERVAL BETWEEN DNSET AND DEATH
DISEASE OR CONDITION DIRECT	TLY 7			
LEADING TO DEATH (This does not mean the mode of dying	e. g., (A)	(ocardilis		6 mos
heart failure, asthenia, etc. It means the dinjury or complication which caused	isease,			
ANTECEDENT CAUSES	(B) Ar	teni Peleros	L	
DISEASES OR CONDITIONS, IF ANY,	GIVING DUE TO	TD . 1		
	(6)	rthrelio		& you.
	(0)			
OTHER SIGNIFICANT CONDITIONS	CDN -			
W TRIBUTING TO THE DEATH, BUT NOT RE	LATED			
TO THE DISEASE OR CONDITION CAUSI	JOR FINDINGS OF OPE	RATION	*	20. AUTOPSY?
N N				YES NO
a lan recipetii iino onben-	PLACE OF INJURY (e. g.,		f in Baltimore City, giv	e exact location)
LYING OR CONTRIBUTING Shout!	iome, farm, factory, atreet, omce bidg.	INSORT OCCORT		
ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	RED 21F. HOW DID INJURY	OCCUR?	
FINJURY	m. WHILE AT NOT WHILE			
22. I hereby certify that I attended			ln 11 10.52	that I last easy the
deceased alive on the form 10 , 195	the acceased from for	mad at 530 Am from	he causes and on the	date stated above
23A. SIGNATURE	L, and that death beca	23B. ADDRESS	ne eduses and on the	23c. DATE SIGNED
Screet Fi		3422 Belo	mr Rd.	1
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETI	ERY DR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
Burial 4/14/52	Mount Olive	et Cemetery Bai	ltimore, Md.	. //
		HENRY SANDER		ADDRESS
LOCAL REGISTRAR 1952 Huntington	E WILL GUAL LAS	HENRY SANDER &	sons, inc	Hander
VS 150	a rememoral was	BALTO., JIJ MD	7 / /	
VS 150	682	73	/ /	
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED	11		2. DATE	
(Type or Print) Edwin Frederick	WIRS	ING	OF DEATH Apri	7 70 7060
3. PLACE OF DEATH:		4. USUAL RESIDENCE (W	here deceased lived. If	
A. Baltimore City, Maryland		A. STATE Maryland	B. COUNTY	before admission)
<ul> <li>B. FULL NAME OF (If not in hospital or institution, g</li> <li>HOSPITAL OR</li> </ul>	location)	1	outside corners limit	a water DITDAT and sing
Nuncing Home			outside corporate finite	s, write RURAL and give township)
() Beechhill Nursing Home	77	Baltimore		
	Yrs. Mos.	o. STREET ADDRESS (If	rural, give location)	
rth of stay in Baltimori e	Days	1638 E. 25th.	Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MA	ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   Mo	Under 1 Year If Under 24 Hours onths: Days Hours Min.
M W Marrie		Dec. 15, 1898	53	
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF ork done during most of working life, even if retired)		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
rinter	INDUSTRY	Baltimore Co.		USA
13. FATHER'S NAME	PRINTING	14. MOTHER'S MAIDEN NA		ODM
David Wirsing				
		Anna Elizab		
(If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMAN1638 E		voes:
no	3-01-9806	Mrs. Retta M	ay Wirsing	
18. 193 %	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	$\cap$	Ro		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	CA	OF DRA	M	MW 1951
heart failure, asthenia, etc. It means the disease,	(A)			
injury or complication which caused death.)	DUE TO			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)			
RISE TO THE ABOVE CAUSE (A) STATING THE	OUE TO			
UNDERLYING CONDITION LAST.	(C)			
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION 198. MAJOR FIN	DINGS OF OPER	ATION		20. AUTOPSY?
				YES NO
	OF INJURY (e. g., in actory, street, office bldg., e		f in Baltimore City, g	give exact location)
CAUSE OF DEATH				
21D. TIME (Month) (Day) (Year) (Hour) 21E. I	INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
WHILE			///	
m.   work		1011 SV 2	1/19/11	
22. I hereby certify that I aftended the dece	ased from	193, to	12/11/19	, that I last saw the
	that death occur		re causes and on th	ie date stated above.
23A. SIGNATURE alter & Karf	9 MM.D. 2	4331 farfo	dKd	4/12/5
24A. BURIAL, CREMA- 24B. DATE 24C.	NAME OF CEMETER	RY OR CREMATORY 240. LC	OCATION (City, town,	or county) State)
	rkwood Cer	metery Bo	ltimore. Ma	. //
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	1			ADDRES
OCAL REGISTRAR Huntington Wille	alles Mass	HENRY SANDER &		1 /2 01
ADD 1 & 1959	mind Missey.	BATTOS, 03, OMD.	Desige 2	· KILLON
Ns1)50 7 1002		1	1	
	512	1/2		



#### BALTIMORE CITY HEALTH DEPARTMENT

.52 3563

BIRTH	NO	

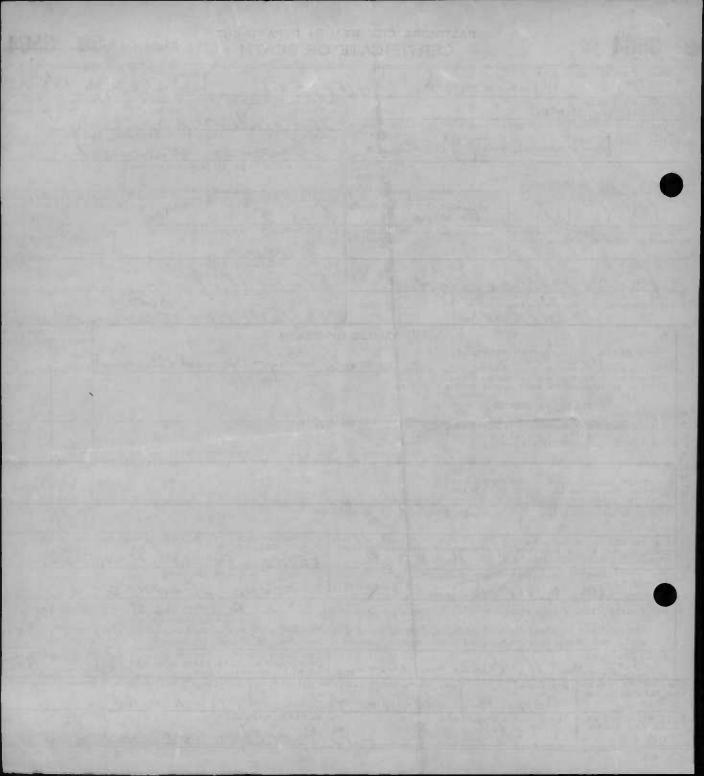
0000			CERTIFICAT	E OF DEAT	H	Registered	No.	
BIRTH NO.				- OI DEATI	• •			
I. NAME OF DEC. Type or Print)			C/		2.	DATE	1-1-	4
Type of Itime,	けい	man	John The	155		OF DEATH	13/5	2
B. PLACE OF DEA	TH:			4. USUAL RESIDE	ENCE (Where			
. Baltimore City		-1 1 11 1		A. STATE		B. COUNTY	be	fore admission)
FULL NAME OF	(II not in nospit	al or instituti	on, give street address or location)	c. CITY OR TOWN	d (1¢ outo	ide corporate lin	1	100
NSTITUTION	1	1-0	***************************************	C. CITY OR TOWN		ide corporate iin	its, write it	township
27 01	vey o	128D.		1 July	more	_ 0		
		V	Yrs.	D. STREET ADDRE	ESS (If rura	give location)	11 -	
gth of stay	in Baltimore	3	V UD Mos.	2436	E. 6	or truck	1/2	
	COLOR OR RACE		, MARRIED,	8. DATE OF BIRTH	1 9.	AGE in years	If Under 1 Year	I II Under 24 Hours
M	1,1	WIDOW	ED, DIVORCED (Specify)	4. 201	su.	last birthday) N	ionths Day	s Hours Min.
0: 1/3/11/1 000/	W			1709.40,1	072	3/1		
OA. USUAL OCCU	PATION (Give kind of rking life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	n country)		ZEN OF
Carpenter		61285		dus treve	mo		USA	T COOMIN.
3. FATHER'S NAM	1E		1.11	14. MOTHER'S MA	JDEN NAME		IODY	
alreah	School H	1	(w)	6.1.1		teig be		
Charon	0010111	~43		Treation	9 3			
5. WAS DECEASED I	VER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL	17. INFORMANT	2436 E	. Lafay	eup ress	Avenue
			218-09-5625	Mrs. Paul	ine E.			
18. 199 0	7					DOLLAT OF	-	RVAL BETWEEN
1 / / 1 "	1		CAUSE	OF DEATH				T AND DEATH
DISEASE	OR CONDITION	DIRECTLY		1- 1		1		
(This does no	t mean the mode o	f dying, e. g.	(A) years	elized ca	2000m	W 75 873		Moses
injury or con	asthenia, etc. It mea nplication which c	ns the disease aused death.	DUE TO			1000		
AN	TECEDENT CAUS	ES						
DISEASES O	R CONDITIONS, II	FANY GIVIN	(B)	***************************************				***************************************
RISE TO THE	ABOVE CAUSE (A)	STATING TH	E DUE TO					
UNDERLYIN	G CONDITION LA	ST.	(C)					
						***************************************		***************************************
	H				400		11/16	
	THE DEATH, BUT							
	SE OR CONDITION			······	*********************	***************************************		
19A. DATE OF	PERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			1 20.	AUTOPSY?
	0						YES	
21A. ACCIDEN	T WAS UNDER-	218. PLA	CE OF INJURY (e.g., i	or 21c. WHERE D	ID (If in	Baltimore City,		
LYING OR C	ONTRIBUTING		rm, factory, street, office bldg.,			mure only,	BIVE CAME	100461011)
CAUSE OF DEA								
210. TIME (Mo	nth) (Day) (Year)	(Hour) 2	E IE. INJURY OCCURR	ED 21F. HOW DID	INJURY OC	CUR?		
450KI			HILE AT NOT WHILE					
		m.	WORK AT WORK	1 ~	- 11/ -			
	ertify that I att				, to 4/1)		, that I	last saw the
deceased alive	on 4 1	195, 0	and that death occur	red at 4.45 Am.	, from the c	auses and on	the date s	stated above.
23A. SIGNATUR	EF A	1	2	3B. ADDRESS	//	tile:	239. D	ATE SIGNED
6.1	vale of	inmos	M. D.	Therey.	HOLD		14/13	1152
4A. BURIAL, CRE	MA- 24B. DATE	2	4c. NAME OF CEMETE	RY OR CREMATORY	24D. VOCA	TION (City, town	n, or county	(State)
ion REMOVAL (Spec		2	Dowlesson	ama * a			1 2	1
	4/16/5	6	Parkwood C			mbre,	a.	
OCAL REGISTRA	Y REGISTRAR	SSIGNATU	A L'AA	HENRY SAND	TOR &	NS, INC	ADDRE	23
APR 1 4 193	2 Huntu	aton 1	Villianus Mi	DAT MO 30	BOH & 6	Do mai	J. An	reade
VS 150		0	10	BALTU., 13	, 1111	myste a	1	
V3 130			510	68	/			
			0 1 -					

CHARLES DESCRIBE AND CARROLL OF THE PROPERTY OF

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 52 3564

BI	RTH NO.			
	NAME OF DECEASED WILLIAM K. SHI	FFLETT	2. DATE OF DEATH OPL	6,1952
Α.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	(Where deceased lived If ins	before admission)
HO	FULL NAME OF (If not in hospital or institution, give street address or location)	c, CITY OR TOWN	(If outside corporate limits,	write RURAL and give
IN	STITUTION Pollimore lity Morgane	BALTIMON	TE WHICHEN	H d township)
	Yrs. Mos.	o. STREET ADDRESS	(If rural, give location)	
=	ngth of stay in Baltimore Days	8. DATE OF BIRTH	9. AGE (in years) If Un	der 1 Year   If Under 24 Hours
5.	6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)			hs Days Hours Min.
	A. USUAL OCCUPATION (Give kind of a done during most of working life, or unifretired)  108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
1	VOSEPH OTTERBIEN	EVERIN 1.	OFMAN	
(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES: 16. SOCIAL n. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	2505 ADD	RESS
	WUNISWHK 2	1975 PHTIEN	SOH WILLOWAY	15 Lagerrette
	18. E 929. 8 CAUSE	OF DEATH	,	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	mine - of	mud deam	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	7		
	injury or complication which caused death.) OUE TO	U		
	ANTECEDENT CAUSES (B)			
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO			
<b>4</b>	UNDERLYING CONDITION LAST. (C)(C)			****
FIC	II II			
RTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE GEATH, BUT NOT RELATED			
CE	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
إد				YES NO
ICA	21A. EXTERNAL CAUSE WAS UNDERLYING POR CONTRIB-  21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., in about home, factory, street, office bldg., in about home, factory, street, office bldg., in ab		(If in Baltimore City, giv	e exact location)
EDI	UTING CAUSE OF DEATH. HARBOR	FOUND 1	T OF ANN	JT,
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY Opn. 6, 1952 An. WHILE AT NOT WHILE AT WORK	FOUND	DROWNED	2-3
	22. I certify that I took charge of the remains described of	ibove, held an A		thereon and from
	the evidence obtained by said Autopsy, Inspection or land death in my opinion resulted from: natural causes	Inquiry, find that said	sy, Inspectión or Influiry I deceused died on the ide □, homicide □, und	day stated above, letermined [].
	23A. SIGNATURE		AL EXAMINER 23C.	
5	4A. BURIAL CREMA- 4B. DATE 24C. NAME OF CEMETE	D. MEDICAL INVESTIG		county) (State)
TIC	ON REMOVAL (Specify)	No.	redriring IId	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTO	R A Cod	ADDRESS
L	ADD 1 1052 Huntington Allama	El Suprit Ar	MHCOST LIBER	
v				1
				the state of the s



52 3565

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	IRTH NO.	CERTIFICATE	OF DEATH	aregistered in	
1. ('I	NAME OF DECEASED ILLE (AS	sand Tim	Plos	2. DATE OF DEATH Ph	2-13-52
Α.	PLACE OF DEATH: Baltimore City, Maryland //2 3 9 FULL NAME OF (If not in hospital or institute)	7 Eulaw	A. USUAL RESIDENCE	(Where deceased live). If in	stitution : residence before : dmission)
H	OSPITAL OR NSTITUTION	on, give street address or location)	1-300	If outside corporate limits	write RURAL and give toy aship)
	(at home) (t	Yrs. Mos.	D. STREET ADDRESS (	lf rural, give location)	01-
5	gth of stay in Baltimore  6. COLOR OF RACE   7. SINGL	Days EMARRIED.	8. DATE OF BIRTH	Lulau	Inder 1 Year   If Under 24 Hours
1	male while I'l	OFO, DIVORCED (Specify)	Oct/1/1874	last birthday) Mon	ths Days Hours Min.
or.	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIFTHBLACE (State of	foreign country)	2. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	0	14. MOTHER'S MAIDEN	NAME	
15	5. WAS DECEASED EVEN IN II S ARMED FORCES?	16. SOCIAL	gargaret	Sherw	ood
Ye	5. WAS DECEASED EVEN IN U. SARMED FORCES? (If yee, give well a dates of service)	SECURITY NO.	T. INFORMANT	of Which !!	PROBLEM BOLL
_	18. 420.1	CAUSE	OF DEATH	a raw pay	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2		11.11	SASET AND DEATH
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseasinjury or complication which caused death	se,	mary oc	cusion	
	ANTECEDENT CAUSES		2.	1.7.	
5	DISEASES OR CONDITIONS, IF ANY, GIVIN	NG	hyscard	Nis	
	RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	HE DUE TO  (C)	(		
	n e				
24	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	ED			
J		FINDINGS OF OPER	ATION		20. AUTOPSY?
2	21A. ACCIDENT WAS UNDER.   21B. PL	ACE OF INJURY (e. g., in	or   21c, WHERE DID	(If in Baltimore City, gi	YES NO W
VIE	LYING OR CONTRIBUTING about bome,	farm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
	OF INJURY m.	WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJU	RY OCCUR?	
	22. I hereby certify that, I attended the	01	2 12 , 1953 to	apr 13, 19/7	that I last saw the
	deceased alive on april 12, 19,52.	and that death oddur	red ats a. m., from	//	date stated above.
į	Suyanny Ka	der M.D.	2306 Eul	aw Of Palto	4-14-52
	ON REMOVAL (SPECITY) Po had 5 753	24c. NAME OF CEMETER	RY OR CREMATORY 2 D.	LOCATION (City, town, o	r county) State)
D.	ATE RECEIVED BY REGISTEAR'S SIGNATURAL APPRISON	IRE	25. FUNERAL DIRECTOR	Home la	ADDRESS S
-	VS 150	Winner, My	andrami.	surrous o.	(a) WELL).

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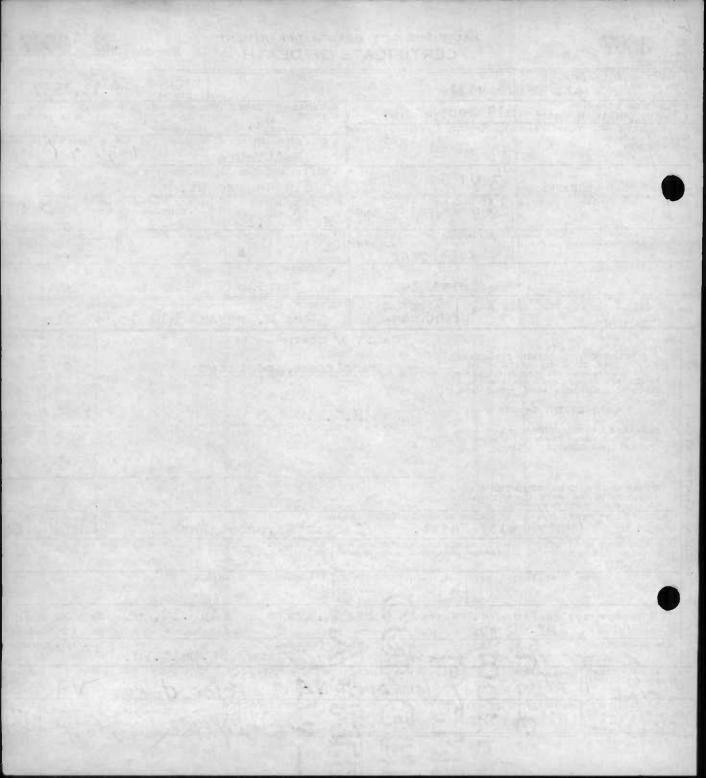
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.				
1. NAME OF DECEASED AVID M	LENE 2. DATE OF 4-13-52			
3. PLACE OF DEATH:  A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
INSTITUTION 17 2 de de curred (118)	township)			
JOL Wagewood w	o. STREET ADDRESS (If rural, give location)			
Meer /	27. 3 Edgates Tomas			
5 SEX   6 COLOR OF RACE   7 SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years   M Under 1 Year   M Under 24 Hours			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	last hirthday) Months: Days Hours Min.			
have where married	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHEFACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?			
Trocer	aur			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
rager	Merida_			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown)   (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS			
0	Therena lacene - pane-			
18. 420,1 . CAUSE (	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	II A I			
	ormary them offs			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO				
ANTECEDENT CAUSES	runuly sellrons			
(0)				
RISE TO THE ABOVE CONDITION OF TATING THE DUE TO				
(c)				
OTHER SIGNIFICANT CONDITIONS CON-				
OTHER SIGNIFICANT CONDITIONS CON-				
TO THE DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER				
L ale place of indige (s. a.	nor   21c. WHERE DID (If in Baltimore City, give exact location)			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c				
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?			
F INJURY WHILE AT NOT WHILE	1/			
m.   WORK   AT WORK	245, 4-13			
22. I hereby certify that I attended the deceased from JAN (2019), to 4-13, 1954, that I last saw the				
deccased alive on 4-13 the 1952 and that death occur	rred at 4 fm., from the causes and on the date stated above.			
Humal H KIV	2 - 16 LINVIN 1 3-13-57			
24A/BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RYPR CREMATORY 240. LOCATION (City, town, or county) (State)			
TION REMOVAL (Specify)	Took Hoth 7/10			
Million 14-14- Sellie 19	25. FUNERAL DIRECTOR ADDRESS			
LOCAL REGISTRAR ADRIGHT TO THE LOCAL REGISTRAR'S SIGNATURE	The section of the se			
APR 14 1932 Tuntington # Villeause Most	the opening the 2100 relaw 1x			
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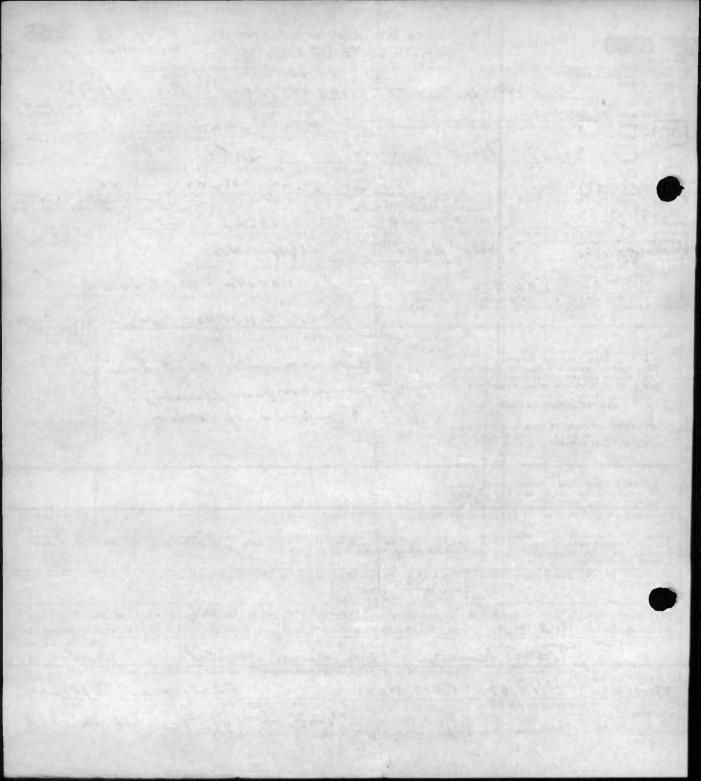
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered N	0
1.	NAME OF E	ECEASED				12. DATE	
(Type or Print) Wyatt Baskerville				le			.11,1952
					4. USUAL RESIDENCE (W	here deceased lived. If	nstitution : residence
a. Baltimore City, Maryland 619 George St.  B. FULL NAME OF (If not in hospital or institution, give street address or					A. STATE Md.	Baltimor	before admission)
H	STITUTION	X		location)	C. CITY OR TOWN (If		, write RURAL and give
111	STITOTION	^		AND STATE	Baltimore		township)
			5 1/16	Yrs.	D. STREET ADDRESS (If r	ural, give location)	
c	ngth of s	stay in Baltimore	3 41	Mos. Days	619 George	St.	
5.	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9 AGE (In years) h	Under 1 Year   If Under 24 Hours
	M	C	WIDOW	ED, DIVORCED (Specify)	March 1,1864	88 Mon	nths Days Hours Min.
10	A. USUAL OC	CUPATION (Givehindof	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
WOT1	done during most	of working life, even if retired)		Laborer	Va.		U.S.A
13	. FATHER'S	NAME		THE DOLE I	14. MOTHER'S MAIDEN NA	ME	0 7 2 7 1.1
		Thomas	Booke	murilla	Mariah ?		
15	. WAS DECEAS	ED EVER IN U. S. ARMEI		16. SOCIAL			
(Ye	, no or onknown)	(11 yes, give war or date	s of service)	Unknown	Mrs M.Gross		DDRESS
	Unkno	awn				019 Geo	rge St.
	18. /77	X		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY	Com			0
	(This doe	s not mean the mode oure, asthenia, etc. It mes	of dying, e. g		cinoma, prostate	18	?
	injury or	complication which	caused death	.) DUE TO			
		ANTECEDENT CAUS	SES	A 17	a II D		
Z				(B)	.C.V.D	*****	
H	RISE TO	S OR CONDITIONS, I	STATING TH	G IE DUE TO			
Y	UNDERL	YING CONDITION LA	AST.				
ERTIFICATION				(C)			
7	OTHER	II SIGNIFICANT COND	ITIONS CON				
E	TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE	.D			
	TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?						20. AUTOPSY?
AL	Feb. 19		sity H		arcinoma, prosta	tes	YES NO X
2 21A, ACCIDENT, SUICIDE.   21B, PLACE OF INJURY (e.g., in or   21C, WHERE DID (If in Baltimore City, give exact location)							
HOMICIDE (Specify)   about home, farm, factory, street, office bldg., etc.)   INJURY OCCUR?							
21p. TIME (Month) (Day) (Year) (Hour)   21p. INJURY OCCURRED   21p. HOW DID INJURY OCCUR?							
OF INJURY WHILE AT NOT WHILE							
m.   work   at work							
22. I hereby certify that I attended the deceased from March, 1952, to Apr. 10, 1952, that I last saw the deceased alive on Apr. 10, 1952, and that death occurred at 9 a.m., from the causes and on the date stated above.							
	234. 316117	eny Me	Won	rald M. D.	844 N.Carey St		4711/52 SIGNED
24 TH	24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)						
1	SUFIAL	11101	02	Peters burg		ersouro.	VA
D/	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ADDRESS						
_1	PR 141	952 Tunta	ratort /	Villiaous-, MZ	reache Hallo	xy0,1009	Feorge SI
-	VS 150		0	6	2/20131/	1	11



19 75GM	CITY HEALTH DEPARTMEN	T 52 Registered No	3568
1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: Politicana City Monyland		2. DATE OF DEATH (Where deceased lived if institu	
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give streem of the	et address or location) C. CITY OR TOWN  ROW B.	(If outside corporate limits, write of the control of the corporate limits, write of the corporate limits and the corpo	te RURAL and give township)
gth of stay in Baltimore	Yrs. Mos. Days D. STREET ADDRESS		
6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORG	CED (Specify)	9. AGE (In years   # Under   Months	
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSIN	IESS OR II. BIRTHPLACE (State of INDUSTRY)	V	CITIZEN OF WHAT COUNTRY?
JAMES YEAKEL	14. MOTHER'S MAIDEN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIA	RITY NO.	ADDRE	SS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	4 Julmanay	Hand Suring	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION   19B. MAJOR FINDINGS	OF OPERATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, str. CAUSE OF DEATH		(If in Baltimore City, give e	xact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY  MHILE AT WORK	Y OCCURRED 21F. HOW DID INJU	IRY OCCUR?	
deceased alive on 22. I hereby certify that I attended the deceased in deceased alive on 19 32 and that d		n the causes and on the da	
23A. SIGNATURE Mosel Sandler	M. D. Senae Hoy		C. DATE SIGNED
BURIAL Specify 4/14/52 BALT,	MORE 240	LOCATION (City, town, or con	ARYLAND
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTO	R ADD	DRESS

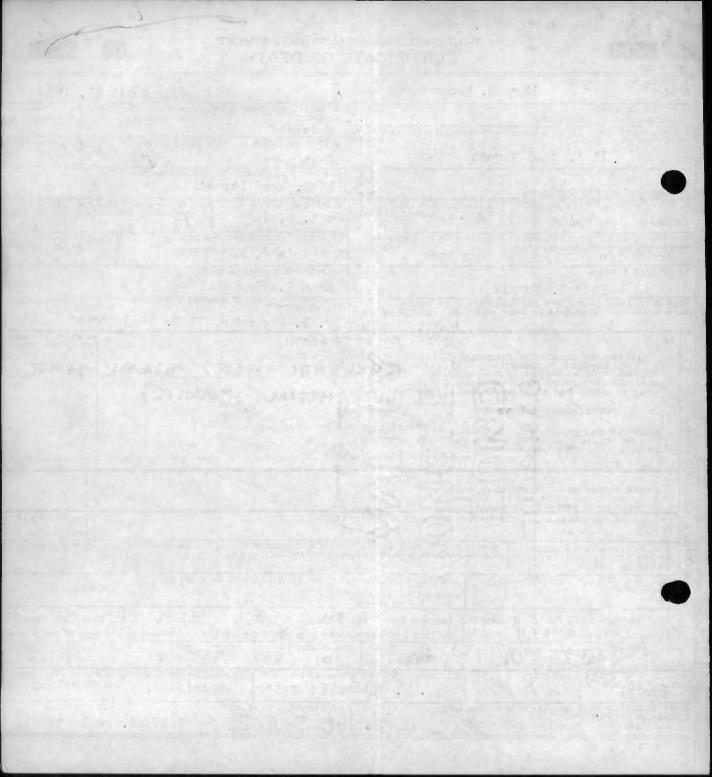
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# 2 3569

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ВІ	RTH NO.						
1. NAME OF DECEASED (Type or Print) Mary B. Macgowan						2. DATE OF DEATH Apri	1 11, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)  11 E. Read Street					Baltimore	B. COUNTY	ts, write ALL (ALL and give township)
C.		tay in Baltimore	tay li	Yrs. Mos. Days	D. STREET ADDRESS (If 11 E. Read Stre		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWSD DIVORCED (Specify) married			Sept. 6, 1888		If Under 1 Year on this Days Hours Min.		
work	Housewi			of Business or INDUSTRY	11. BIRTHPLACE (State or for Cumberland, Mary		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
		alter G. Mor			Emma B. Planke		
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
				SECONTIT NO.	Dr. B. Macgowan,	11 E. Read	Street
ERTIFICATION	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) RHEUNAGL WAR7 3.(EASU 26 125.)  (B)						
CE	TO THE D	TO THE OEATH, BUT	CAUSING I	т			
A.	19A. DATE C	OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICA	S Office of Bearing						
	210. TIME (Month) (Day) (Year) (Hour)  216. INJURY OCCURRED  217. HOW DID INJURY OCCUR?  WHILE AT WORK  MOTH WORK						
		live on Amy - 11		deceased from A	red at <b>S R</b> . m., from t		
2.4 TIC	A. BURIAL.	CREMA- 24B. DATE Specify) 4/14			RY OR CREMATORY 240. Lonal Cemetery Be	OCATION (City, town	n, or county) (State) Maryland
	TE RECEIVE	D BY   REGISTRAR	S SIGNATI		25. FUNERAL DIRECTOR	1217 St.	ADDRESS Paul S treet
	VS 150	0					



#25 2 3570

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 3570

1. NAME OF DECEASED 2. DATE (Type or Print) PARGARET ELKINS DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF ARYLAND HOSPITAL OR location) (If outside corporate limits, write DURAL and give INSTITUTION HOSPITAL LUTHERAN ISALTIMORE D. STREET ADDRESS (If rural, give location) th of stay in Baltimore COKESBURY Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED Il Under 24 Hours AGE (in years) last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) MARRIED 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. MR. ELKINS COKESBURY CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CONCESTIVE HEART FAILURE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) ACUTE MYOCARDIAL INFARETION IWK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED UREMIA TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID about bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY WHILE AT NOT WHILE 22. I hereby certify that, I attended the deceased from 1952 and that death occurred at/ deceased alive on. from the causes and on the date stated above. CREMA-VS 150

2016-17-16 JARRASET ECKINS SOME SOLVES LANGER FOR MORE THOUSE CHI CONFESTORY AVENTAGE 200 3 1 1 1 1 1 25.63 Part Elmins Sept Santinuity Adv. CONTRACTOR HOUR PRODUCT SERVER CHEST REPORTED LINES FOR # : \_ · · Letters Horald May to the Stillman 



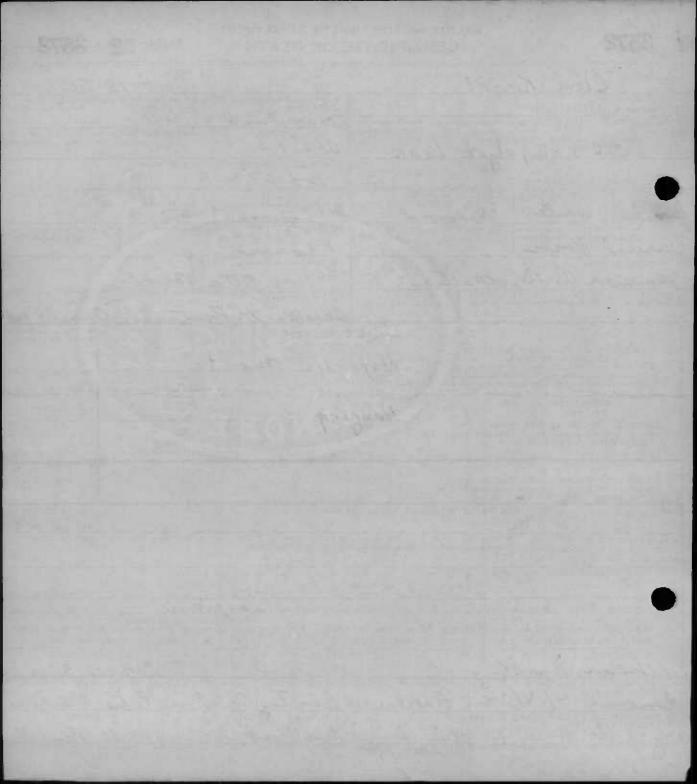
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.					-	
1. NAME OF DI (Type or Print)	ECEASED	Jesse	W. Robust		2. DATE OF DEATH A	pril 11, 1952
3. PLACE OF DI A. Baltimore C	ity, Maryland	al or institut	on mive street address or	4. USUAL RESIDE A. STATE Maryland		ved. If institution; residence
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 3902 Southern Avenue				C. CITY OR TOWN (If outside corporat) limits, write RURAL and give township)		
c. Ongth of st	ay in Baltimore		Yrs. Mos. Days	1	ss (If rural, give locati ern Avenue	
s.sex male	6.COLOR OR RACE white	MIDOM	E. MARRIED. 'ED, DIVORCED (Specify) <b>rried</b>	Feb. 3, 186	9. AGE (In ye last birthda	ars Munder I Year If Under 24 Hours  Months Days Hours Min.
ork done during most o	CUPATION (Give kind of fworking life, even if retired) ht Watchman	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S Baltimore,	tate or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY
	Robust			14. MOTHER'S MAIDEN NAME Sarah		
15. WAS DECEASE Yes, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Bessie Robu	st, Mt. Pleas	ant Hospital,
DISEASES RISE TO TI UNDERLY OTHER S	LEADING TO DEA' not mean the mode of re, asthenia, etc. It mes complication which of ANTECEDENT CAUS GOR CONDITIONS, HE ABOVE CAUSE (A) TING CONDITION LA	ins the diseas caused death SES  F ANY, GIVIN STATING THAST.	(B)	ronic car ual dise eralized	ase estrosis + p	ular 1 year enility many
TO THE DI	TO THE DEATH, BUT SEASE OR CONDITION F OPERATION	CAUSING I		RATION	1/1	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.)   1NJURY OCCUR?						
INJURY	Month) (Day) (Year	m.	WHILE AT WORK NOT WHILE AT WORK		INJURY OCCUR?	
	ive on Opril 11	tended the _, 1952, . Wi	and that death occur	red at 11:45 Am., 138. ADDRESS 920 St. Pa	from the causes and	that I last saw the lon the date stated above.  23c. DATE SIGNED  April 11, 52
24A. BURIAL, C TION, REMOVAL (S burial	pecify) 4/14/5	2	24c. NAME OF CEMETE Woodlawn Cen	netery	Woodlawn,	Maryland
LOCAL REGIST		s SIGNATU	Villialus- Mir	Han Cook	^	t. Paul Street
VS 150		0		5.1	4	

2 40 2 3572 BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

SIRTH NO.					
NAME OF DECEASED Type or Print) Clava Kessel	2. DATE OF DEATH 4-13-52				
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)				
I. FULL NAME OF (If not 111 hospital or institution, give street address or location) NSTITUTION	C. CITY OF TOWN (If outside corporate limits, write RURAL and give				
526 3 Chapelgale Lane Yrs.	D. STREET ADDRESS (If rural, give location)				
Mos.  The of stay in Baltimore  Days	Box 233 A				
S. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	July 30, 1883 68				
A. USUAL OCCUPATION (Give kind of lobe, KIND OF BUSINESS OR INDUSTRY	11. BINTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?				
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
5. WAS DECEASED EVER IN U. S ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS				
(es, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	Charles W. Protoman, arnold Ind.				
18. E974X  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	ing				
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OPERATION	RATION   20. AUTOPSY?				
	YES NO Y				
21A. EXTERNAL CAUSE WAS UNDERLYING  OR CONTRIB. UTING CAUSE OF DEATH.					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT WORK AT WORK					
I certify that I took charge of the remains described above, held an Autopol, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined [].					
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER 4 -13 -52				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE					
Removal 4/14/52 frarlaws	~ Cemeley Oklahoma City, Oklahoma				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR				
APR 141952 The transford Villacus My	1 m. Good, Inc., 12/2 fo. Paul 80.				
N991X	9099				

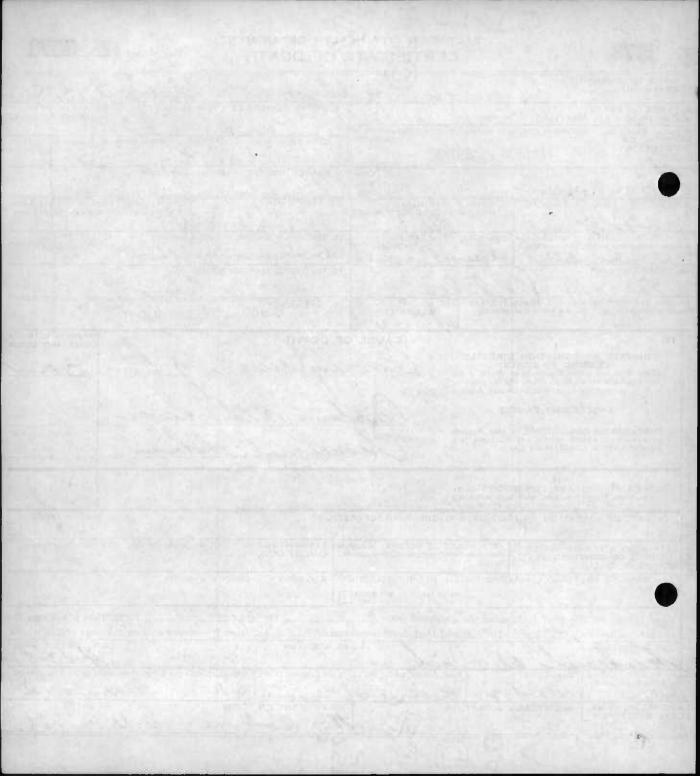


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BIRT	HN	J. 4 O.	
1. N	AME	OF	DEC

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N2 3573

	NAME OF DECEASED type or Print)	12. 2	dial	2. DATE OF	1 12 19.5
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give str	reet address or	mo	e. Han	and dimension,
HO	STITUTION JOHNS HOPKINS HOSPITAL	location)	CITY OR TOWN	(If outside corporate limits	write RURAL and give township)
	JOHNS HOPKINS HOSPITAL		abre	so don	PO ( township)
		Yrs. Mos.	STREET ADDRESS	If raral, give-location)	Con
C.	gth of stay in Baltimore  SEX   6. COLOR OR RACE   7. SINGLE, MARRIE	Days	DATE OF BIRTH	9. AGE (In years)	Under 1 Year   If Under 24 Hours
2	uple White WIDOWED, DIVOR	RCED (Specify)	3-11-84	last birthday) Mo	nths Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUS		I. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
C	s done during most of working life, even if retired)  Then to -fatire d Edgewood a	INDUSTRY	Baltimore,	manyland	WHAT COUNTRY?
13	FAMILIER'S NAME	EMCHI I	4. MOTHER'S MAIDEN	NAME	
	Denga Keddes		Halle	Clift	
(Yes		URITY NO.	7. INFORMANTHNS	OPKINS HOSPITA	DDRESS
		1-9154		2,000,711	INTERVAL BETWEEN
	18. /55X	CAUSE OF	DEATH	1	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Trim.	en Allin	n his	1 3 h
	(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,		my mines	a y mm	- 0/m
	injury or complication which caused death.) DUE	TO /	/	, 1.	
_	ANTECEDENT CAUSES	lind	nis 1 th	lever	
6	DISEASES OR CONDITIONS, IF ANY, GIVING	~ /		11	***************************************
CERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE UNDERLYING CONDITION LAST.	1 1100	in alle	Holim	
21	(C)				*****
Ë	OTHER SIGNIFICANT CONDITIONS CON-				,
日	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION   19B. MAJOR FINDING	S OF OPERAT	ION		20. AUTOPSY?
Y.					
					YES NO L
pla	LYING OR CONTRIBUTING about home, farm, factory,	JURY (e.g., in or treet, office bldg., etc.)	2IC. WHERE DID INJURY OCCUR?	(If in Baltimore City, g	
MEDICAL	LYING OR CONTRIBUTING about home, farm, factory, a	treet, office bldg., etc.)	INJURY OCCUR?		
MEDIC	LYING OR CONTRIBUTING about home, farm, factory, a	RY OCCURRED			
MEDIC	LYING OR CONTRIBUTING about home, farm, factory, according to the contribution of the	RY OCCURRED  NOT WHILE  AT WORK	21F. HOW DID INJU		rive exact location)
MEDIC	LYING OR CONTRIBUTING about home, farm, factory, according to the contribution of the	RY OCCURRED  NOT WHILE  AT WORK  from 3 - 2	21F. HOW DID INJU	RY OCCUR?	that I last saw the
MEDIC	LYING OR CONTRIBUTING about home, farm, factory, accounts of DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJU. WHILE AT WORK  22. I hereby certify that I attended the deceased deceased alive on 4 13, 19 2, and that	RY OCCURRED  NOT WHILE  AT WORK  from 3 2 2  death occurre	21f. HOW DID INJU		that I last saw the last stated above.
MEDIC	LYING OR CONTRIBUTING about home, farm, factory, according to the contribution of the	RY OCCURRED  NOT WHILE  AT WORK  from 3 2 2  death occurre	21F. HOW DID INJU	RY OCCUR?  4 -13-, 195  the causes and on the	that I last saw the
W 24	LYING OR CONTRIBUTING about home, farm, factory, according to the contribution of the	RY OCCURRED  NOT WHILE  AT WORK  from 3 - 2  death occurre  23B  M. D.	21f. HOW DID INJU  21f. HOW DID INJU  2, 1952 to	RY OCCUR?  4-13-, 195  the causes and on the	that I last saw the le date stated above.
W 24	LYING OR CONTRIBUTING about home, farm, factory, according to the contribution of the	RY OCCURRED  NOT WHILE  AT WORK  from 3 - 2  death occurre  M. D.  E OF CEMETERY	21F. HOW DID INJU  21F. HOW DID INJU  2 The property of the pr	ry occur?  4 -13-, 195  the causes and on the Course and the Course a	that I last saw the date stated above.    23C. DATE SIGNED   1.3 - 5.2     Or county) (State)
Z4 TIO	LYING OR CONTRIBUTING about home, farm, factory, accounts of DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJU  WHILE AT WORK  22. I hereby certify that I attended the deceased deceased alive on 13, 195, and that  23A. SONATUSE  A. BURIAL, CREMA- 24B. DATE  24C. NAME  24C. NAME  24TE RECEIVED BY   REGISTRAR'S SIGNATURE	RY OCCURRED  NOT WHILE  AT WORK  from 3 - 2  death occurre  M. D.  E OF CEMETERY	21F. HOW DID INJU  21F. HOW DID INJU  2 — , 1957, to d at 20 m., from ADDRESS HOPKIN: OR CREMATORY 24D. Contained a contained	RY OCCUR?  4 -13 - , 195  the causes and on the SHOSPITAL  LOCATION (City, town, a. Co., ma	that I last saw the date stated above.    23C. DATE SIGNED   23C. DATE (State)   23C.
Z4 TIO	LYING OR CONTRIBUTING about home, farm, factory, accounts of DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJU.  22. I hereby certify that I attended the deceased deceased alive on 4 3, 19 5, and that  23A. SONATURE  4. BURIAL, CREMA-  24B. DATE  24C. NAMI	RY OCCURRED  NOT WHILE  AT WORK  from 3 - 2  death occurre  M. D.  E OF CEMETERY	21F. HOW DID INJU  21F. HOW DID INJU  2 The property of the pr	RY OCCUR?  4 -13 - , 195  the causes and on the SHOSPITAL  LOCATION (City, town, a. Co., ma	that I last saw the date stated above.    23C. DATE SIGNED   1.3 - 5.2     23C. DATE SIGNED   1.3 - 5.2     24 - 1.3 - 5.2     25 - 1.3 - 5.2     26 - 1.3 - 5.2     27 - 1.3 - 5.2     28 - 1.3 - 5.2     29 - 1.3 - 5.2     20 - 1.3 - 5.2     20 - 1.3 - 5.2     21 - 1.3 - 5.2     22 - 1.3 - 5.2     23 - 1.3 - 5.2     24 - 1.3 - 5.2     24 - 1.3 - 5.2     25 - 1.3 - 5.2     26 - 1.3 - 5.2     27 - 1.3 - 5.2     28 - 1.3 - 5.2     29 - 1.3 - 5.2     20 - 1.3 - 5.2
Z4 TIO	LYING OR CONTRIBUTING about home, farm, factory, accounts of DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJU  WHILE AT WORK  22. I hereby certify that I attended the deceased deceased alive on 4 3 , 19 3 , and that  23A. SONATUJE  4A. BURIAL, CREMA-  24B. DATE  24C. NAMI  4/16/52  ATE RECEIVED BY REGISTRAR'S SIGNATURE  DOCAL REGISTRAR	RY OCCURRED  NOT WHILE  AT WORK  from 3 - 2  death occurre  M. D.  E OF CEMETERY	21F. HOW DID INJU  21F. HOW DID INJU  2 — , 1957, to d at 20 m., from ADDRESS HOPKIN: OR CREMATORY 24D. Contained a contained	RY OCCUR?  4 -13 - , 195  the causes and on the SHOSPITAL  LOCATION (City, town, a. Co., ma	that I last saw the date stated above.    23C. DATE SIGNED   1.3 - 5.2     Or county) (State)



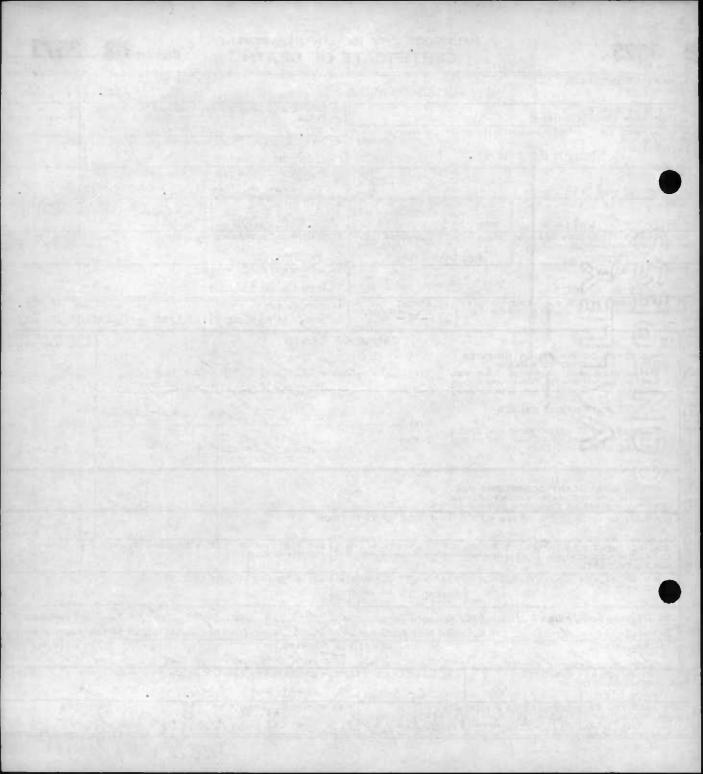
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3574 Registered No.

BIF	RTH NO.										
	NAME OF D pe or Print)	ECEASE	Ann	9	B	- r o	nt		2. DATE OF DEATH	Apri	110-52
	Baltimore (		aryland	B	Ito		A. USUAL RE	SIDENCE (	Where deceased B. COU	NTY If inst	before admission)
B. F	FULL NAME SPITAL OR		f not in hospita	al or instituti	on, give street	address or location)	c. CITY OR T	Ad.	f outside corpor	ate limits.	rie VUML and give
INS	TITUTION	0	INF	1 !	5	:1.	C. CITT OK T	Bal.	+0	5-6	township)
		0	lar P.	ho m b	ava	Yrs.	D. STREET A	DDRESS (If	rural, give loca	tion)	0 .
С.	nength of s	tay in I	Baltimore	4	AVE	Mos. Days	813	PE.		ard	5+
5.	SEX	6.COL	OR OR RACE	7. SINGLE	MARRIED.	D (Specify)	8. DATE OF E	BIRTH	9. AGE (In ;	years If Und day) Month	or I Year   Under 24 Hours   Hours   Min.
	<i>F.</i>	1	γ.		Jarrie	1	Nov. 33	1884	67	112	CITIZEN OF
	done during most		ON (Give kind of ife, even if retired)	10B, KIND	OF BUSINES	IDUSTRY	11. BIRTHPLA	CE (State of	loreign country,	12	WHAT COUNTRY?
13	HOUS FATHER'S		ort	At	Homs	0	14. MOTHER	S MAIDEN N	IAME		D. S.A.
	1	1. 14	E	1			FLO	1.11	D.+1	0	
			IN U. S. ARMED	FORCES?	16. SOCIAL		17. INFORMA	NT NT	SUIN	ADD	RESS
(Yes	, no or unknown)	(If yes	, give war or date	s of service)	SECURI	TY NO.	Sam R	nrant	813	EL	mbard St
	18. 22	1			C	AUSE	OF DEATH				INTERVAL BETWEEN
	DISEA	SE OR	CONDITION	DIRECTLY		(sh	los	0 9/1	a. b/ a	po la	V 1, -
		not mea	NG TO DEAT an the mode onia, etc. It mea	f dying, e. g		700	Cora	~ 00 3			1 wz
			ation which c			0	1		10		13
		ANTEC	EDENT CAUS	SES		Care	hal Q's	leri-	Heler	cores	1
Z O			NDITIONS, I			Ay	pere	use.	-		
AT	UNDERL	YING CO	E CAUSE (A)	STATING TH	(C)	1	/				
FIC											
E			II CANT CONDI			0/		200	27		)
E C			DEATH, BUT			Ch	me 1	ayou	arvyo		
7	19A. DATE	OF OPER	RATION 1	9B. MAJOR	FINDINGS	OF OPER	RATION				YES NO
CA	21A ACCII	DENT W	AS UNDER-	1 21B. PLA	CE OF INJU	RY (e. g.,	in or   21c. WHE		(If in Baltimor	re City, giv	e exact location)
EDI		R CONT	RIBUTING		arm, factory, stree			OCCUR?			
Σ	D. TIME	(Month)	(Day) (Year	(Hour)	21E. INJURY	OCCURR	ED 21F. HOW	וטנאו פוס א	RY OCCUR?		
	INJURY			m.	WHILE AT WORK	NOT WHILE			,		
	22. I herc	bu certi	fy-that I at	tended the	deceased fr	om_		19 , to	youl10		that I last saw the
	deceased o		Plan DI	0,1952	and that de	ath occu		P.m., from	the causes d	nd on the	date stated above.
	23A. SIGNA	TURE	(Small)	Hoe	upla		23B. ADDRESS	15/K	ult 8	V	23C. DATE SIGNED
2,	4A. BURIAL.	CREMA-	24B. DATE	700	24c. NAME O	M. D. J	ERY OR CREMA	TORY 24D.	LOCATION (C	ity, town, or	county) (State)
TI	ON REMOVAL	Specify)	4-14-	-52	Wood	law	n Com	W	odlan	in N	d.
	ATE RECEIV		REGISTRAR	'S SIGNATI	RE .	5 17	25. FUNERA	DIRECTOR	6-8	1- 1	DDRESS
	ADD 1	1952	Thurt	ington	William	A_ M3	the	el Bro	1800	E. ho	mbard &
=	VS 150	1336		0			1.6	1			

the state of the same motal Clare Letanon there has some 

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-4	150			PAI	LTIMORE CITY HE	ALTH DEPARTA	FNT		C) or safer
S.	3575 RTH NO.				CERTIFICATI		Regi	istered No_	3575
	NAME OF DI	ECEASE	;D	WILLI	AM COWAN ALLEN		2, DATE OF DEATH	Apr.	12, 1952
	PLACE OF DE Baltimore C		arvland	212		4. USUAL RESIDE		d lived. If inst	itution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or						Md.	(If autoide comm	The second second second	rite RURAL and give
INSTITUTION Church Home Hosp.						c. city or town	(if outside corp.	orate iimits, wi	township)
4					Yrs.	D. STREET ADDRES	SS (If rural, give lo	cation)	
c.	ngth of st	tay in 1	Baltimore		Mos. Days	Dulaney V	alley Apts.	930 Sou	therly Rd.
5.	SEX	6. COL	OR OR RACE		E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (1)	n years It Unde	
	male	whi		marri		Jan. 12, 18	94 58		
Work	A. USUAL OC	CUPATI fworking!	ON (Give kind of life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (S	tate or foreign countr	y) 12.	WHAT COUNTRY?
	Mgr. Ow			Thea	itre	Penna.			
13	. FATHER'S N					14. MOTHER'S MAI			
15	George . WAS DECEASE	ALLE	IN II S ADMEI	D FORCES?	I 16, SOCIAL	Jessie Wil	ILams	ADDE	Ante
(Yes	no or unknown)	(If yes	give war or date	s of service)	279-10-8580	Mrs. Adela	ide M. Alle		ney Valley
	18. 022	X	1		CAUSE	OF DEATH			ONSET AND DEATH
	DISEAS		CONDITION NG TO DEAT		P	1+ 1	+.		2
	heart failu	not me	an the mode onia, etc. It mea	of dying, e. :	g., (A)	Anew	orce	•	
	injury or	complica	ation which c	aused death	h.) DUE TO	Anew	ysuc	1	
		ANTEC	EDENT CAUS	SES		7	horaa	cic	
6			ONDITIONS, I				1. /21	******	• • • • • • • • • • • • • • • • • • • •
RTIFICATION	UNDERLY	ING CO	ONDITION LA	ST.	(C)	Level	ec (:)		15-20420
FIC					#				
RH			II CANT CONDI						
S			E DEATH, BUT OR CONDITION						
L	19A. DATE O	F OPER	RATION	9B, MAJOR	R FINDINGS OF OPER	ATION			20. AUTOPSY?
EDICAL	214 ACCID	ENT W	AS UNDER-	21B. PL	ACE OF INJURY (e.g., i	or   21c. WHERE D	ID (If in Baltim	ore City, give	exact location)
		R CONT	RIBUTING		farm, factory, street, office bldg.,		₹?		
Σ		(Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID	INJURY OCCUR?		
	INJURY			m,	WHILE AT NOT WHILE AT WORK				
	22. I hercb	u certi	fy that I at	tended the	deceased from	1942,19	, to Hope -	11, 1952t	hat I last saw the
	deceased a			_, 1952,	and that death occur		from the causes		date stated above.
	23A. SIGNA	. 4	0 . 1	1		Towsou	u hed	2	3c. DATE SIGNED
24		CREMA-	24B, DATE	R,	M. D.		24D. LOCATION (	City, town, or	county) (State)
TION, REMOVAL (Specify)						nt Crematory	Balto., M		
Cremation 4/14/52 Green Mou						25 FUNERAL DIRI			DDRESS
Lo	APR 141	RAR Q52	Hunti	rator 1	Villianas My	J/m. 7.1	Fickener	1 XXI	ns,
=	VS 150	יאעבי		0		0 611	hall	17/	WA.
					29	08/1	Suit	0 1 / .	



5	20	)
2	357	76
BIR	TH NO.	

## CERTIFICATE OF DEATH

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered	110.
1. NAME OF DECE (Type or Print)	SEPH	h. (	RAMSEY-		2. DATE OF DEATH	-12-52
a. PLACE OF DEAT				4. USUAL RESIDENCE A. STATE		If institution: residence before admission)
B. FULL NAME OF HOSPITAL OR		al or instituti	on, give street address or location)	C. CITY OR TOWN	(If outside corporate life	it, write RULAL and give
NOITUTITENI	INERSI	TV H	DSPITAL	BALTIN	TORE-	5 twnship)
			Yrs. Mos.	D. STREET ADDRESS (		A.10-
5. SEX 6. C	in Baltimore	7 SINGLE	Days Days	8. DATE OF BIRTH	LIFTON	If Under 1 Year   If Under 24 Hours
M	U-	WIDOW	ED, DIVORCED (Specify)	Sept. 25. 1868		Months Days Hours Min.
10A. USUAL OCCUP	ATION (Give kind of		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF
Clerk Frt.	. Clms	Rai	lroad	MARYCA		WHAT COUNTRY?
13. FATHER'S NAM			TVS: 100	14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED E	Ramsey	- FORCES	L 16 GOGIA:			
Yes, no or unknown)	If yes, give war or date	s of service)	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 420.	2		CALIGR	Mr. Stephens W	Leitch - Wi	ndsor Court Apt
CO DISEASES OF RISE TO THE AUTOMOTE TO THE AUT	OR CONDITION ADING TO DEA' mean the mode of sthenia, etc. It mes splication which of RECEDENT CAUS RECONDITIONS, I ABOVE CAUSE (A) GONDITION LA II IFICANT CONDITION THE DEATH, BUT	TH of dying, e. g ns the disease caused death. SES F ANY, GIVIN STATING TH STT.	(B)	PERTENS	TON	in 6 tus.
TO THE OISEA	SE OR CONDITION	CAUSING IT	Γ	ATION		20 AUTORSV2
19A. DATE OF O	PERATION	9B. MAJOR	FINDINGS OF OPER	ATTON		20. AUTOPSY?
CAUSE OF DEA	DNTRIBUTING	about home, f	CE OF INJURY (e. g., is arm, factory, street, office bldg., e. 21E. INJURY OCCURR	ED 21F. HOW DID INJU	(If in Baltimore City,	, give exact location)
		m.	WORK AT WORK	-/2 1952 to	5/ 5/0 10	Carrier in
	ertify that I att		deceased from <b></b> and that death occur	7,10.		that I last saw the the date stated above.
23A. SIGNATUR				3B. ADDRESS	- 4 7	23c. DATE SIGNED
1	There	9. 4	м. D.	aver	uly 1000	4-1252
24A. BURIAL, CRENTION, REMOVAL (Speci	fy)	9		RY OR CREMATORY 24D		
Burial DATE RECEIVED B	1/16/52 Y   REGISTRAR	E ELCNATU	Druid Ridge	Cem.		ADDRESS
LOCAL REGISTRAF	11-11	众如	The Charles	3/100 7 C/1	Tickener	1 Jours
VS 150	1		AL THE STATE OF TH		() of	One
.5 100		10 1		V	Jales	ma.

medical learner hotified Registered No. 3577 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF immolshue Charles 4. USUAL RESIDENCE (Where deceased lived, if institution: residence 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF 32140. HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write BURAL and wite INSTITUTION mio. Host D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Lagth of stay in Baltimore 9. AGE (in years | If Under 1 Hours | If Under 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of ALBINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY BOROR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 40013 1 mm mc Shoe 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL CAUSE OF DEATH 18. 2 22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Premay Peuse Chabaroun (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES (B) Secondary alcoholism DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION Populant & leid in Practional YES 13+0031004 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING (If in Baltimore City, give exact location) CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 4/12 1922 to 4/18 , 1902 that I last saw the deceased alive on 4/12 . 19 32, and that death occurred at 6 79. m., from the causes and on the date stated above. 23A. SKINATURE 23B. ADDRESS 23c. DATE SIGNED 4-12-50 2 D. LOCATION (City, town, or county) BURIAL, CREMA-REMOVAL (Specify) 24d NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY VS 150

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	2010

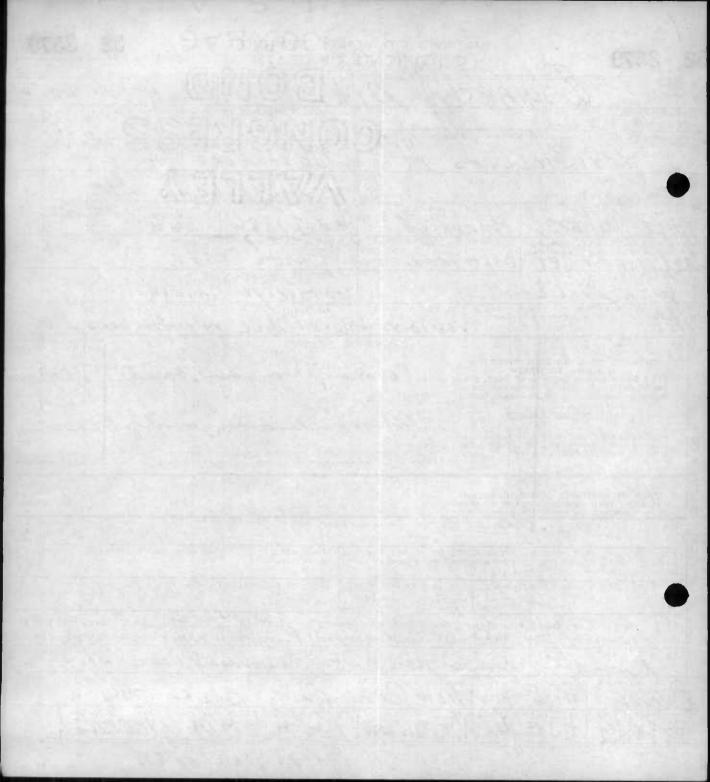
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ristered No. 3578

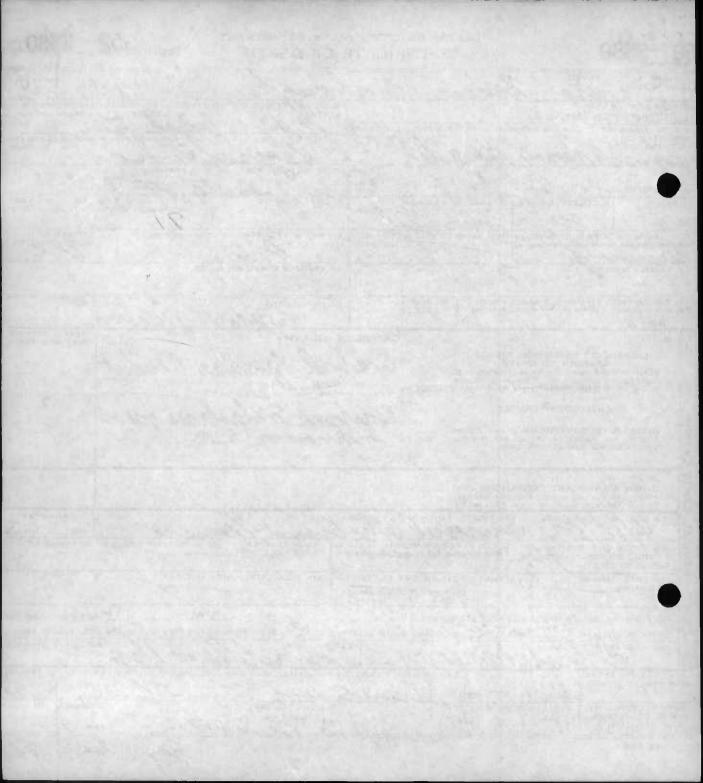
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) Sona Smith	DEATH CURR, 11, 1953
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived if institution: residence  B. COUNTY before admission)
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	TW 4
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
HOHNS HOPKINS HOSPITAL	Baltimore 7-06 township)
Yrs,	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	626 Kenwood Oug
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
tomale White married	Sep. 11, 18.81 70 ma
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHELACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
work done during most of working life, even if retired) INDUSTRY	Ballo Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Holler	Lara Marrout
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITATI
18. LLL 3 X CAUSE	OF DEATH
7727	ONSEI AND DEATH
LEADING TO DEATH	whave left contral hunishhar 31.
meat tailute, astronia, eve at means the disease,	
injury or complication which caused dcath.) DUE TO	
injury or complication which caused dcath.) DUE TO	
injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	tensice Padiolbuc. Disease 4 years
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	tensine Pardiolbuc. Disease 4 years
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OF THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	tensine Pardiolbuc. Disease 4 years
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ANTECEDENT CAUSES  OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	tensine Pardiolbuc. Disease 4 years lized Anterioschuosic
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ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS	tensice Cardiolbuc. Disease tyrais Lized Anteriosclerosis cultal Thumbosis, Right 4415 RATION 20. AUTOPSY?
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ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPEN CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY  2. I hereby certify that I attended the deceased from deceased alive on 1950 and that death occur	tensite Cardiollare. Disase tyras  Lizid Anterios Clausics  Lizid Anterios Clausics  Lizid Anterios Clausics  Lizid Anterios Clausics  RATION  20. AUTOPSY?  YES NO S  RED 21c. WHERE DID (If in Baltimore City, give exact location)  RED 21f. HOW DID INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?
ANTECEDENT CAUSES  OF COMPLICATION WHICH caused death.)  DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPEN CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPEN CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPEN CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS (C. g., g., g., g., g., g., g., g., g., g.	tousing Cardiollars. Disease typicals  Light Priving Clausic  Light Priving Clausic  Light Hys  RATION  20. AUTOPSY?  YES NO DID  INJURY OCCUR?  RED 21F. HOW DID INJURY OCCUR?  The priving Clause and on the date stated above and the date stated above company of the causes and on the causes are caused to the causes and on the causes are caused to the causes and on the cause
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ANTECEDENT CAUSES  OF COMPLICATION which caused death.)  DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPEN CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPEN CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPEN CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS (C. g., g., about home, farm, factory, street, office bidgs.  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., g., about home, farm, factory, street, office bidgs.  CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (E. g., g., g., g., g., g., g., g., g., g.	tensile Cardiollere. Disease typical light Anterios Clussis Right 448  RATION 20. AUTOPSY?  YES NO NO NOTION INJURY OCCUR?  RED 21F. HOW DID INJURY OCCUR?  RED 23B. ADDRESS HOPKINS HOSPITAL 23c PATE SIGNED AND SET OF CREMATORY 24D. LOCATION (City, town of county) (State)
ANTECEDENT CAUSES  ON ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPEN CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPEN CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPEN CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS (C. g., g., about home, farm, factory, street, office bidgs. CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS (C. g., g., about home, farm, factory, street, office bidgs. CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS (C. g., g., about home, farm, factory, street, office bidgs. CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS (C. g., g., about home, farm, factory, street, office bidgs. CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS (C. g., g., about home, farm, factory, street, office bidgs. CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTR	tensine Cardiollere. Disease types  Lized Patrice Clussic  Lized Pat
ANTECEDENT CAUSES  ON ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR	tensile Cardiollere. Disease typical light Arterios Classis, Right 448  RATION 20. AUTOPSY?  YES NO NO NOTION INJURY OCCUR?  RED 21F. HOW DID INJURY OCCUR?  RED 23B. ADDRESS HOPKINS HOSPITAL 23c PATE GIGNED AND SERVED CREMATORY 24D. LOCATION (City, town or county) (State)

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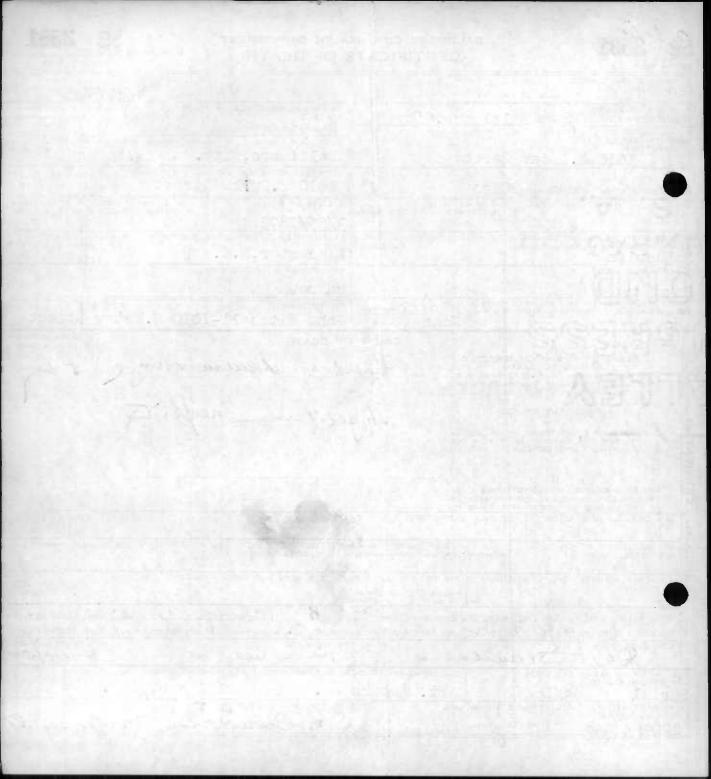
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	ORE CITY HEALTH DEPARTMENT	Registered No. 3579
BIRTH NO.	REFICATE OF DEATH	Registered No.
1. NAME OF DECEASE OWAP	1 2:16	2. DATE OF DEATH 4-17- 1958
S. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	(Where deceased lived. If institution; residence B. COUNTY before a mission)
B. FULL NAME OF (If not in hospital or institution, gi		If outside corporate light, write MULAL and give
INSTITUTION /5/1 HOLLINS	N I	one Louiship)
	Yrs. D. STREET ADDRESS (	If rural, give location)
c. Rength of stay in Baltimore  6. COLOR OR RACE   7. SINGLE, MA	Days   SOATE OF BIRTH	9, AGE (In years) II Under I Year   If Under 24 Hours
MALE WhitE MARA	11VORCED (Specify) AN 17-1886	last birthday) Months Days Hours Min.
AA () DEAR TOR (ET BALTO TA	BUSINESS OR INDUSTRY BALTO	me 12. CITIZEN OF WHAT COUNTRY?
13. FOHER'S NAME	14 MOTHER'S MAIDEN	NAME
JOHN SILL	GATHERINE	MAISER
(Yes, po or unknown) (If yes, give war or dates of service)	SECURITY NO. 17. INFORMANT .	25-1 HOLLINS St
18. 420.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	0 71	
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Caronay hrombo	- Ocule Sminul
ANTECEDENT CAUSES		
z	(B/Arteriosclerose	- generalized / year.
RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO	
UNDERLYING CONDITION LAST.	(C)	
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED		
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FIN	DINGS OF OPERATION	20. AUTOPSY?
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LYING OR CONTRIBUTING about home, farm, fa	DF INJURY (e. g., in or ctory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR?	(If in Baltimore City, give exact location)
	INJURY OCCURRED 21F. HOW DID INJU	RY OCCUR?
INJURY WHILE WORL		. /
22. I hereby certify that I attended the dece		4/12, 19_, that I last saw the
deccased alive on 4/12, 1957, and		the causes and on the date stated above.
23 SIGNATURE Z.S. King	MM. D. 4508 Edmond	comvillage 4/14/52
24A BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	NAME OF CEMETERY OF CREMATORY 24D	LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTO	7 - 7
APR 14 1952 Huntington Wille	acus My 10-86 CX	3.19. Walter
vs 150	31 51 PRAHY STA	icker sts



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1. N	NAME OF D	ECEASED	n.		-	1	1		/	2. [	DATE OF	16	14	67
3. F A. I B. F HOS	PLACE OF D Baltimore ( ULL NAME SPITAL OR	City, Maryla	nd n hospital o	r instituti	on, give str	get address locatio	or A. S	JSUA RESI		Where	B COUNT	nate	befo	residence ore admission)
INS	TITUTION	hom	19/	Mary.	wa	2		Ken	ns	12	wa		910	township)
c.	gth of s	tay in Baltir	nore	/	4	Yes Mos Day	8	TREET ROD	Ru	te.	give location	52		
5.5	/=	6. COLOR OR		WIDOW	vac	CED Speci	fy)	ATE OF BIR		li li	71	y) Month		lf Under 24 Hours Hours Min.
work d	lone during most of	CUPATION (Gi		OB. KIND	OF BUSI	NESS OR	RY	BIRTHPLACE	10		country)	12	WHA	EN OF COUNTRY?
13.	FATHER'S	NAME	2				14.	MOTHER'S N	MAIDEN	MAME				
	WAS DECEASI	ED EVER IN U. :	S. ARMED FO	ORCES?	16. SOC	IAL JRITY NO.	17.	INFORMANT	0:14	/	Rec	ADD	RESS	
RTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERLY	SOR CONDITION CO	DEATH mode of d . It means to the cause CAUSES CONS, IF A JSE (A) ST ION LAST, CONDITION	lying, e. g the disease sed death NY, GIVIN ATING TH	(C)	Cer	eles Es	el la end al M	ocul elas	ler des	Acus es d	ilent	ONSET	AND DEATH
CE	TO THE O	S TO THE DEAT	NDITION C	AUSING I	Τ	fles of	EDATIO		11 77				1 20 :	AUTOPSY?
MEDICAL	2 h. ACCIE	OF OPERATION OF THE CONTRIBUTION OF THE CONTRI	DER-	218. PLA		JURY (e. a	, in or	21c. WHERE		(If in	Baltimore	City, give	YES	ON NO
	21D. TIME INJURY	(Month) (Day	(Year) (H		WHITE AT	NOT WHI	LE	21F. HOW D	ID INJUI	RY OC	CURT			
	22. I hereb deceased d 23A. SIGNA	y certify the liveron 11-	ADA,	ded the	deceased and that	from_death occ	curred 23B	at H S A	m., from	4-14 the ca		onthe	date s	last saw the tated above. ATE SIGNED
24. TIO	A. BURJAL, N. REMOVAL (S	CREMA- 24B. Specify)	DATE	7 20	24C. NAMI	E OF CEME	TERY o	RCREMATOR	24D.	LOCAT	TION (City	town, or	county	(State)
	TE RECEIVE		STRARS	SIGNATU	IRE	and the	25.	FUNERAL D	PIRECTOR	2	en x	- S	DDRES	SS
	VS 150		0			-, /11/2-				1	Hag	Exit	our	- Re

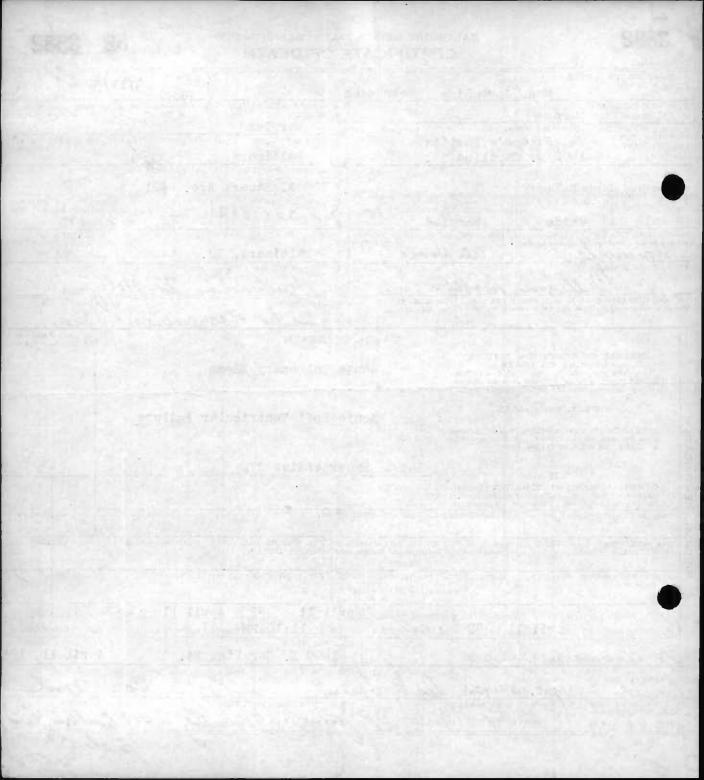


1	35	81	BA	LTIMORE CITY HE			2 3581
E	BIRTH NO.			CERTIFICATI	E OF DEATH	Registered N	10
=	. NAME OF D	DECEASED				2. DATE	
(	Type or Print)	Mary F	rooks			DEATH 4/I	2/52
	. PLACE OF D . Baltimore (	City, Maryland F	Baltimo	re,City	A. STATE	NCE (Where deceased lived, If B. COUNTY	institution : residence before admission)
I	FULL NAME IOSPITAL OR NSTITUTION	OF (If not in hosp	ital or institu	tion, give street address or location)	Maryland c. CITY OR TOWN	(If outside corporate limits	
h	I0	IO S. Eutaw	Stree	t	Baltimore	,City.	township)
0	Ongth of s	stay in Baltimore	20Yrs	Yrs. Mos. Days		raw Street	
10,	S. SEX	6. COLOR OR RACI	7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year: If	Under 1 Year   If Under 24 Hours
	ਜ	C	VAIDOV	M (Specify)	3/15/1892	60	nths Days Hours Min.
1	OA. USUAL OC	CUPATION (Givekind of working life, even if retire	of 10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF
	lousewif		0)	INDUSTRY	Lancaster,	S.C.	WHAT COUNTRY?
1	3. FATHER'S	NAME			14. MOTHER'S MAIL	DEN NAME	
T	Inknown				Unknown		
I	5. WAS DECEAS	ED EVER IN U. S. ARM (If yee, give war or da	ED FORCES?	I6. SOCIAL	17. INFORMANT	Al	DDRESS
1,2	No	No	oce of activity	None	John Mitch	ell-IOIO S. Eut	aw Street
	18. 44	6× .	THE	CAUSE	OF DEATH		INTERVAL BETWEEN
	1 / /	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DE	ATH	46 O A	eard age	eumor hoge	5 de
	heart fail	ure, asthenia, etc. It m complication which	eans the disea	se,		reumor hoge	
		ANTECEDENT CAL		//	1 4	7 1/14	
z		ANTECEDENT CAN	J-3E-3	(B) 47 S	er touse	_ negurilig	
PTIFICATION	DISEASE RISE TO	S OR CONDITIONS,				V	
A	UNDERL	YING CONDITION	LAST.				
Ī				(C)			
F	OTHER	II SIGNIFICANT CON	DITIONS CO				
ll L	TRIBUTIN	G TO THE DEATH, BU	T NOT RELAT	ŁD	•••••		
	19A. DATE	OF OPERATION		FINDINGS OF OPER			20. AUTOPSY?
4					W		YES NO
FDICAL	21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		D (If in Baltimore City, g	give exact location)
2							
	L21D. TIME	(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR		INJURY OCCUR?	
1			m.	WHILE AT NOT WHILE AT WORK			
	22. I herel	by certify that I a	ttended the	deceased from	W- 8 , 1917,	to apre 12, 195	
	deceased a	live on The	7.19/	and that death ocok	$rred\ at                                   $	from the causes and on th	
	23A. SIGNA	1	n. 10.		38. ADDRESS	00 00	4/14/52
-			auch			24D. LOCATION (City, town,	
	ION, REMOVAL	Specify)	50	Mt. Auburn		Baltimore, City	
H =	Burlal	H/10/	D'S SIGNAT		25. FUNERAL DIRE		
H .		I ILOIGINA	- a aidiant		~ /	and to sell was	



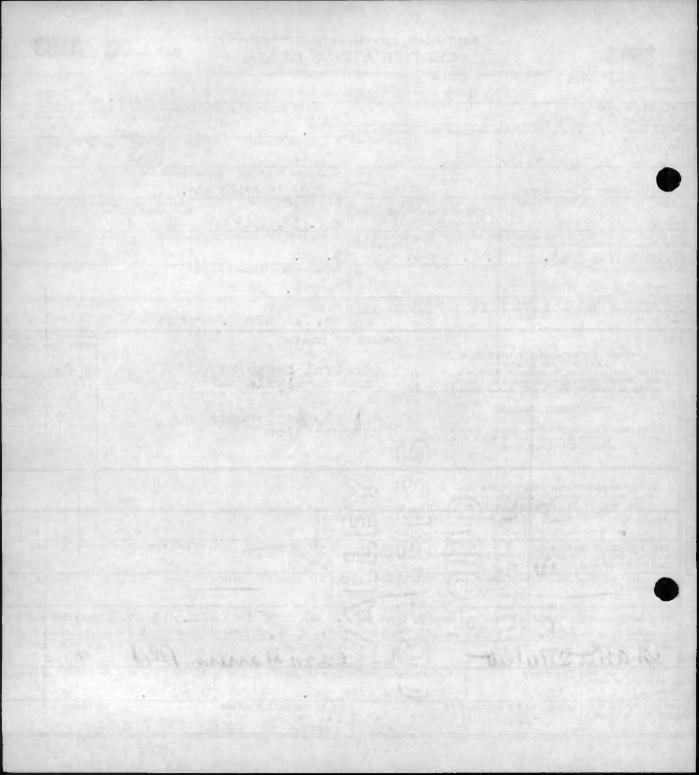
#### BALTIMORE CITY HEALTH DEPARTMENT V Registered No. 3582

TOTAL STATE STATE OF DECRASED  (Type or Print)  Mrs. Josephine Rasmasen  2. Darg 1/11/52  3. FLACE OF DEATH.  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or Maryland  B. FULL NAME OF St. Josephine Rospital Document of the St. Josephine Rospital Document of the St. St. Josephine Rospital Document of the St. Josephine Rospital Documen	В	IRTH NO.		CI	ERTIFICAT	E OF DEATH	Registere	U-140
DEATH RESIDENCE (Where deceased invel in initiation residence of the party and stay in Baltimore (Sty, Maryland 1/00 N. Caroline St. Joseph's Ropathal losation 1/100 N. Caroline St. Vis. Maryland (City or town (if outside corporate limits, write RURAL and give township)  The public of the party in Baltimore (St. Joseph's Ropathal losation)  The public of the party in Baltimore (St. Joseph's Ropathal losation)  The party in Baltimore (St. Joseph's	1.	NAME OF D	ECEASED				2. DATE	10-100
3. PLACE OF DEATH. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or St. Joseph's Bospital institution.  1400 N. (2701ine St.	(3	Type or Print)	Mrs.	Josephine	Rasmusse	n	OF 4/	/11/52
BFULL NAME OF (If not in hospital or inditution, eive street address or NASTITUTION S. S. JOSEPh's Bogital location 1400 N. Caroline St.  With Martial County of Stay in Baltimore 1400 N. Caroline St.  See S. G. COLOR or RACE 7. SINGLE MARRIED.  WIDOWED, DIVORCED (Specify)  Martiad  Widowed, Divorced (Specify)  Martiad  To N. USUAL OCCUPATION (Giralised of 10s. NING OF BUSINESS OR THE ADDRESS (If runs, give location) and the mode of the stay in Baltimore of the Stay i			EATH:	OODODITIO		4. USUAL RESIDENCE	(Where deceased lived	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)   1400 N. Caroline St.   Saltimore				1 1 19 11			B. COUNTY	before admission)
1400 N. Caroline St.  St. 27  Street Address (If rural, give lorston)  109 N. Stuart Ave. 421  100 N. Stuart Ave. 421  101 N. Stuart Ave. 421  102 N. Stuart Ave. 421  103 N. Stuart Ave. 421  104 N. Stuart Ave. 421  105 N. Stuart Ave. 421  106 N. Stuart Ave. 421  107 N. Stuart Ave. 421  108 N. Stuart Ave. 421  109 N. Stuart Ave. 421  109 N. Stuart Ave. 421  109 N. Stuart Ave. 421  100 N.	H	OSPITAL OR	OF (It not in hospit	tal or institution,	give street address or location)		(If outside cornerate li	William PUPAL and all
S. SEX   G. COLOR OR RACE   T. SINGLE MARRIED   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   Mos.   109 N. STREET ADDRESS (If rural, give location)   109 N. STREET ADDRESS	11	NOITUTITE			tal		P	township)
15. NAS DECEASED EVENT IN U.S. ARMED FORCES (ALL MONTH IN THE NAME OF DEATH ON THE NAME OF	10		1400 N. C	aroline S			CAA	ex
S. PETRAL   G. COLOR OR RACE   7. SINGLE MARRIED.   8. DATE OF BIRTH   9. AGE (In year)   18 with 11 will be 18 with 12 with	-							The same
TO LUSIAL OCCUPATION GRADIES   10. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARKED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANY   18. MOTHER'S MAIDEN NAME   17. INFORMANY   18. MOTHER'S MAIDEN NAME	C	ngth of s			Days	109 N. Stuart		2200
DATE OF DEATH  ON JUSIAL OCCUPATION (Gravibled in Constitute)  IS. MAS DECEASED EVER IN U.S. ARMED FORCES?  IS. WAS DECEASED WITH A COUNTRY?  IS. WAS DECEASED EVER IN U.S. ARMED FORCES?  IS. WAS DECEASED WITH A COUNTRY?  IS. WAS DECEASED WITH A COUNTRY	5.	SEX	6. COLOR OR RACE	7. SINGLE, M	IARRIED, DIVORCED (Specify)	8 DATE OF BIRTH		Months: Days Hours: Min.
THE STATE OF THE ABOVE CONDITIONS, IF ANY, GIVING RISE TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NO	_]	Female	White			Jane . 30 - 1000	A-1 A-2 1	
TABLEMENT NAME  13. FATHER'S NAME    William   Saren   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL   SECURITY NO.   17. INFORMAN;   ADDRESS   ADDRESS   18. SOCIAL   SECURITY NO.   17. INFORMAN;   ADDRESS   AD	10	A. USUAL OC	CUPATION (Give kind of	108. KIND OF	BUSINESS OR	11. BIRTHPLACE (State or	r foreign country)	12. CITIZEN OF
13. FATHER'S NAME  William Jaken  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or Bakeown)  16. SOCIAL SECURITY NO.  17. INFORMANY CHARLES MADDENSA  18. HU X  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashingin, etc. it means the disease, failure, or compilication which counced death.)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS COM. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19. ACUTE Left Ventricular Failure  DUE TO  OTHER SIGNIFICANT CONDITIONS COM. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19. ACUTE DISEASE OR CONDITION CAUSING IT.  19. ACUTE DISEASE OR CONDITION CAUSING IT.  19. ACUTE DISEASE OR CONDITION CAUSING IT.  19. ACCIDENT, SUICIDE, shouthome, farm, inclory, streat, office hide, etc.)  19. AUTHORITY OCCUR?  19. ACUTE FUNDING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19. ACUTE Left Ventricular Failure  19. ACUTE PULMORARY CVD  19. ACUTE PULMORARY EXAMPLE OVER THE DISEASE OR CONDITION CAUSING IT.  19. ACUTE PULMORARY CVD  19. ACUTE PULMORARY EXAMPLE OVER THE DISEASE OR CONDITION CAUSING IT.  19. ACUTE PULMORARY CVD  19. ACUTE PULMORARY CVD  19. ACUTE PULMORARY EXAMPLE OVER THE DISEASE OR CONDITION CAUSING IT.  19. ACUTE PULMORARY CVD  19. ACUTE PULMORARY EXAMPLE OVER THE DISEASE OR CONDITION CAUSING IT.  19. ACUTE PULMORARY CVD  19. ACUTE PULMORARY EXAMPLES OF CONDITION CAUSING IT.  19. ACUTE PULMORARY EXAMPLES OF CONDITION CAUSING IT.  19. ACUTE PULMORARY EXAMPLES OF CONDITION COURTED IT.  19. ACUTE PULMORARY EXAMPLES OF COURTED COURTED IT.  19. ACUTE PULMORARY EXAMPLES OF COURTED	****	16-		1:4 1		Baltimore.	Md.	
15. WAS DECEASE VERT IN U.S. ARMED FORCESS   16. SOCIAL (Yee, no or naboown) (If yee, give war or delee of service)   16. SOCIAL (Yee, no or naboown) (If yee, give war or delee of service)   16. SOCIAL (Yee, no or naboown) (If yee, give war or delee of service)   16. SOCIAL (Yee, no or naboown) (If yee, give war or delee of service)   16. SOCIAL (Yee, no or naboown) (If yee, give war or delee of service)   16. SOCIAL (Yee, no or naboown) (If yee, give war or delee of service)   18. HL   2 X	13			000				UDA
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  (This decided which caused death.)  DISEASE OR CONDITION S. IF, ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) Acute Left Ventricular Failure  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) FUPER TENSIVE CVD  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH OR CONDITION CAUSING IT WAS A DATE OF OPERATION.  19A. DATE OF OPERATION.  19B. MAJOR FINDINGS OF OPERATION  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  22L. I hereby certify that I attended the deceased from April 11 , 1952, to April 11 , 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 11:10mPN om the causes and on the date stated above.  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  April 11, 1952  24D. ADDRESS  April 11, 1952  April 11, 1953  April 11, 1954  April 11, 1954  April 11, 1955  April 11			194:10:	Bake	-/	71.	1. 2. 7	601
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  (This decided which caused death.)  DISEASE OR CONDITION S. IF, ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) Acute Left Ventricular Failure  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) FUPER TENSIVE CVD  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH OR CONDITION CAUSING IT WAS A DATE OF OPERATION.  19A. DATE OF OPERATION.  19B. MAJOR FINDINGS OF OPERATION  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  22L. I hereby certify that I attended the deceased from April 11 , 1952, to April 11 , 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 11:10mPN om the causes and on the date stated above.  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  April 11, 1952  24D. ADDRESS  April 11, 1952  April 11, 1953  April 11, 1954  April 11, 1954  April 11, 1955  April 11	15	WAS DECEASE	D EVER IN II C ARME	Jane		Juderics	ca M. N	man
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LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)  DUE TO  ANTECEDENT CAUSES  OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  LOTHER DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  LOTHER SIGNIFICANT CONDITIONS CONTRIBUTION 20. AUTOPSY?  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  LOTHER SIGNIFICANT CONDITIONS CONTRIBUTION 20. AUTOPSY?  21A. ACCIDENT, SUICIDE, Booth bome, farm, factory, street, office bidg., etc. INJURY OCCUR?  LOTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  LOTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  LOTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  LOTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  LOTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  LOTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  LOTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  LOTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  LOTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  LOTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  LOTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  LOTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  LOTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  LOTHER (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR?  LOTHER (Month) (Day) (Year) (H		DISEAS	E OR CONDITION	DIRECTLY				ONSE! AND DEATH
ANTECEDENT CAUSES  ON ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  OTHER SIGNIFICANT CONDITION LAST.  II  OTHER SIGNIFICANT CONDITION CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  21A. ACCIDENT, SUICIDE, ebout home, farm, factory, street, office bildg., etc.)  21B. PLACE OF INJURY (e.g., in or lateral Did (If in Beltimore City, give exact location) HOMICIDE (Specify)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 1NJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  22L. I hereby certify that I attended the deceased from April 11 , 1952, to April 11 , 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 11:10mP/rom the causes and on the date stated above.  23B. ADDRESS  23C. DATE SIGNED 23C. DATE 111, 1952, and That death occurred at 11:10mP/rom the causes and on the date stated above.  23B. ADDRESS  23C. DATE SIGNED 23C. DATE 111, 1952, and That death occurred at 11:10mP/rom the causes and on the date stated above.  23B. ADDRESS  24C. NAME of CEMESTERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 11:10mP/rom the causes and on the date stated above.  24D. ADDRESS  25C. NAME of CEMESTERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 11:10mP/rom the causes and on the date stated above.  25D. ADDRESS  25C. NAME of CEMESTERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 11:10mP/rom the causes and on the date stated above.  25D. ADDRESS  25D. A			LEADING TO DEA	TH	Acu	te Pulmonary Ede	ma.	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  II  (C) FYPERTENSIVE CVD  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  VES NO 21. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 12 ic. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK		heart failu	re, asthenia, etc. It mea	ans the disease.		A CONTRACTOR OF THE PARTY OF TH	1, 113, 133, 134, 144, 144, 144, 144, 14	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  II (C) FYPETTENSIVE CVD  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 221A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY OCCUR?  21A. ACCIDENT, SUICIDE 21B. PLACE OF INJURY (e. g., in or 10A DIVING COUR?  21A. ACCIDENT, SUICIDE 21B. PLACE OF INJURY OCCURRED INJURY OCCUR?  21A. ACCIDENT, SUICIDE 21B. PLACE OF INJURY OCCURRED INJURY OCCUR?  21A. ACCIDENT, SUICIDE 21B. PLACE OF INJURY OCCURRED INJURY OCCUR?  21A. ACCIDENT, SUICIDE 21B. PLACE OF INJURY OCCURRED INJURY OCCUR?  21A. ACCIDENT, SUICIDE 21B. PLACE OF INJURY OCCURRED INJURY OCCUR?  21A. ACCIDENT, SUICIDE 21B. PLACE OF INJURY OCCURRED INJURY OCCUR?  21A. ACCIDENT, SUICIDE 21B. PLACE OF INJURY OCCURRED INJURY OCCUR?  21A. ACCIDENT, SUICIDE 21B. PLACE OF INJURY OCCURRED INJURY OCCUR?  21A. ACCIDENT, SUICIDE 21B. PLACE OF INJURY OCCURRED INJURY OCCUR?  21B. PLACE OF INJURY OCCUR?		injury or	complication which	caused death.)	DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  (c) FUDERLESIVE CVD  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTY TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTY  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or land to the death of the decase of from the county of the death of the decase of from the decase and on the date stated above.  22ID. TIME (Month) (Day) (Year) (Hour)  22I. I hereby certify that I attended the deceased from April 11, 1952, to April 11, 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 11:10mPN on the causes and on the date stated above.  23A. SIGNAPORE  23B. ADDRESS 23B. ADDRESS 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED April 11, 195  DATE RECEIVED BY LOCATION (City, town, or county)  ADDRESS  ADDRESS			ANTECEDENT CAU	SES			1 - 7 13	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED WHILE AT WORK  22. I hereby certify that I attended the deceased from. April 11 , 1952, to April 11 , 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 11:10mP from the causes and on the date stated above.  23A. BURIAL CREMA TION REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SIGNATURE  DATE RECEIVED BY REGISTRAR'S SIGNATURE  PS. FUNERAY DIRECTOR  ADDRESS  ADD	Z	2105105		Manual Park	(B) Acu	te Left Ventricu	lar Failure	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED WHILE AT WORK  22. I hereby certify that I attended the deceased from. April 11 , 1952, to April 11 , 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 11:10mP from the causes and on the date stated above.  23A. BURIAL CREMA TION REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SIGNATURE  DATE RECEIVED BY REGISTRAR'S SIGNATURE  PS. FUNERAY DIRECTOR  ADDRESS  ADD	Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING THE	DUE TO			
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TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO  21A. ACCIDENT, SUICIDE, about home, farm, factory, street, office bldg., etc.)  19A. DATE OF OPERATION  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  19A. DATE OF OPERATION  21B. MAJOR FINDINGS OF OPERATION  21C. WHERE DID (If in Baltimore City, give exact location)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  WHILE AT NOT WHILE WORK AT WORK  AT WORK AT WORK  22B. ADPIL 11, 19 52, to April 11, 19 52, that I last saw the deceased alive on April 11, 19 52, and that death occurred at 11:10mP from the causes and on the date stated above.  23B. ADDRESS  23C. DATE SIGNED  April 11, 19 52  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)  24B. BURIAL. CREMA 24B. DATE  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)  25C. FUNERAY DIRECTOR  ADDRESS  ADDRES	F				Hyn	ertensive CVD		
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED WHILE AT WORK  22. I hereby certify that I attended the deceased from. April 11 , 1952, to April 11 , 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 11:10mP from the causes and on the date stated above.  23A. BURIAL CREMA TION REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SIGNATURE  DATE RECEIVED BY REGISTRAR'S SIGNATURE  PS. FUNERAY DIRECTOR  ADDRESS  ADD	E	OTHER			(0)			
19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from April 11, 1952, to April 11, 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 11:10mPyrom the causes and on the date stated above.  23A JIGNAPORE  23B. ADDRESS  23C. DATE SIGNED  24A, BURIAL, CREMA- TIOM REMOVAL (Specify)  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  25. FUNERAY DIRECTOR  ADDRESS  ADDR	E	TRIBUTING	TO THE DEATH, BUT	NOT RELATED				
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e.g., in or shout home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location)  21c. WHERE DID (If in Baltimore City, give exact location)  21c. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCUR?  21c. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCUR?  WHILE AT NOT WHILE AT WORK  22c. I hereby certify that I attended the deceased from April 11 , 1952, to April 11 , 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 11:10mP from the causes and on the date stated above.  23a FIGNAPORE  23b. ADDRESS  23c. DATE SIGNED  April 11, 1952  24c. NAME OF CEMEJERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  DATE RECEIVED BY CALL OF COUNTY (State)  DATE RECEIVED BY CALL OF COUNTY (State)  DATE RECEIVED BY CALL OF COUNTY (State)  PS. FUNERAL DIRECTOR  ADDRESS  AD	O				NDINGS OF ORES	ATION		120 AUTOBEVI
21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  WHILE AT WORK  22. I hereby certify that I attended the deceased from April 11 , 1952, to April 11 , 1952, that I last saw the deceased alive on April 11, 1952. and that death occurred at 11:10mP from the causes and on the date stated above.  23a SIGNAPORE  23B. ADDRESS  23C. DATE SIGNAPORE  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  24D. 15-1932  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  APP 14 1057  ADDRESS  ADDRESS  Commelly - 416 Continues  ADDRESS  ADDRESS  Commelly - 416 Continues  ADDRESS	7	ISA. DATE C	POPERATION	ISB, MAJOR FI	NDINGS OF OFER	ATTON		
21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  WHILE AT WORK  22. I hereby certify that I attended the deceased from April 11 , 1952, to April 11 , 1952, that I last saw the deceased alive on April 11, 1952. and that death occurred at 11:10mP from the causes and on the date stated above.  23a SIGNAPORE  23B. ADDRESS  23C. DATE SIGNAPORE  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  24D. 15-1932  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  APP 14 1057  ADDRESS  ADDRESS  Commelly - 416 Continues  ADDRESS  ADDRESS  Commelly - 416 Continues  ADDRESS	Ü	21A ACCIDE	NT SUICIDE	1 218 PLACE	OF INILIPY (a.e.	nar 21c WHERE DID	Of in Bultimore Cit	
21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  WHILE AT WORK  22. I hereby certify that I attended the deceased from April 11 , 1952, to April 11 , 1952, that I last saw the deceased alive on April 11, 1952. and that death occurred at 11:10mP from the causes and on the date stated above.  23a SIGNAPORE  23B. ADDRESS  23C. DATE SIGNAPORE  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  24D. 15-1932  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  APP 14 1057  ADDRESS  ADDRESS  Commelly - 416 Continues  ADDRESS  ADDRESS  Commelly - 416 Continues  ADDRESS							(it in parimore cit	y, give exact location)
22. I hereby certify that I attended the deceased from April 11 , 1952, to April 11 , 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 11:10mp from the causes and on the date stated above.  234 SIGNATORE  236. ADDRESS  237. DATE SIGNED  240. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)  240. BURIAL, CREMA- 24B. DATE  100 REMOVAL (Epecify)  240. LOCATION (City, town, or county)  241. DATE RECEIVED BY LOCATION (City, town, or county)  255. FUNERAL DIRECTOR  ADDRESS  APP 14 1057  ADDRESS  ADDRESS  APP 14 1057  ADDRESS  ADDRESS  ADDRESS  APP 14 1057	ME							
22. I hereby certify that I attended the deceased from April 11, 1952, to April 11, 1952, to April 11, 1952, that I last saw the deceased alive on April 11, 1952. and that death occurred at 11:10mP from the causes and on the date stated above.  234 SIGNAPORE  236. ADDRESS  246. BURIAL. CREMA- 248. DATE  1400 N. Caroline St.  246. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)  246. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  APP 14 1059  APP 14 1059  APP 14 1059			Month) (Day) (Year,	(Hour) 21E.	. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
22. I hereby certify that I attended the deceased from April 11, 1952, to April 11, 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 11:10mP from the causes and on the date stated above.  234 SIGNAPORE  236. ADDRESS  236. DATE SIGNED  246. NAME OF CEMETERY OR CREMATORY  246. LOCATION (City, town, or county)  246. LOCATION (City, town, or county)  247. SURFAL (Specify)  248. DATE  246. NAME OF CEMETERY OR CREMATORY  246. LOCATION (City, town, or county)  247. SURFAL (Specify)  248. DATE  248. DATE  246. NAME OF CEMETERY OR CREMATORY  248. DATE  249. LOCATION (City, town, or county)  240. LOCATION (City, town, or county)  240. LOCATION (City, town, or county)  241. STATE  242. NAME OF CEMETERY OR CREMATORY  244. DATE  245. SURFAL (Specify)  246. LOCATION (City, town, or county)  246. LOCATION (City, town, or county)  247. SURFAL (Specify)  248. DATE  249. DATE  240. NAME OF CEMETERY OR CREMATORY  249. LOCATION (City, town, or county)  240. LOCATION (City, town, or county)  240. LOCATION (City, town, or county)  241. SURFAL (Specify)  242. NAME OF CEMETERY OR CREMATORY  244. DATE  245. SURFAL (Specify)  246. NAME OF CEMETERY OR CREMATORY  246. NAME OF CEMETERY OR CREMATORY  247. SURFAL (Specify)  248. DATE  249. DATE  240. NAME OF CEMETERY OR CREMATORY  249. LOCATION (City, town, or county)  240. LOCATION (City, town, or county)  240. LOCATION (City, town, or county)  241. Surfal (Specify)  242. NAME OF CEMETERY OR CREMATORY  244. DATE  245. SURFAL (Specify)  246. LOCATION (City, town, or county)  247. Surfal (Specify)  248. DATE  249. DATE  240. NAME OF CEMETERY OR CREMATORY  249. LOCATION (City, town, or county)  240. LOCATION (City, town, or county)  240. LOCATION (City, town, or county)  241. Surfal (Specify)  242. Surfal (Specify)  243. Surfal (Specify)  244. Surfal (Specify)  245. Surfal (Specify)  246. Surfal (Specify)  247. Surfal (Specify)  248. Surfal (Specify)  249. Surfal (Specify)  240. Surfal (Specify)  240. Surfal (Specify)  240. Surfal (Specify)  240. Surfal (S	1	Mooni						
deceased alive on April 11, 19 52. and that death occurred at 11:10mP from the causes and on the date stated above.  23a SIGNATORE  23B. ADDRESS  23C. DATE SIGNED  23B. ADDRESS  23C. DATE SIGNED  April 11, 19 5  24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)		22 I hough	er acutific that I at		A	ril 11 1052 40	April 11 10	52 that I last again the
234 IGNAPORE  Leideen Clacce, M.D. 1400 N. Caroline St. April 11, 195  242, BURIAL, CREMA- 24B. DATE  TION REMOVAL (Epecify)  DATE RECEIVED BY LOCAL REGISTRAR  APP 14 1957  APP 14 1957  LOCAL REGISTRAR  APP 14 19 19 19 19 19 19 19 19 19 19 19 19 19								
April 11, 195  214. BURIAL, CREMA- TION REMOVAL (Epecify)  Dunch  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR  APP 14 1057  April 11, 195  Contains St. A				<u>1, 19_1⊆. ana</u>			the causes and or	
DATE RECEIVED BY LOCAL REGISTRAR  APP 1 1957  TION REMOVAL REGISTRAR  APP 1 1957  AUGUST 15-1952  AUGUST 15-1952  LOCAL REGISTRAR  APP 1 1957  TOTAL REGISTRAR  A		// /		00000	The second secon		ne St.	
Darral (specify) Cype. 15-1952 Oak Jame Balte Co mod  Date Received By Local Registrar's Signature LOCAL REGISTRAR  APP 1 1957 Funtington Waliams, My John St. Connelly - 418 Eastern Cur	2	RURIAL						
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  APR 1 4 1957  Tuntington Williams, MP, From 55 Cornelly - 418 Eastern Cus	TI	REMOVAL	pecify)		Do la 4	. /	Rat. P	2-1
APR 14 1952 Huntington Williams, My Jonnes Cornelly - 418 Eastern Cus	_/	Juna			were our	w /	Jack Co	1000000
APR 1 4 1952 Tunington Williams, My John & Comelly - 418 Coelem lus				SSIGNATURE	1. 100	25. FUNERAL DIRECTOR	1/	ADDRESS
	. 6		11144 /444	grow of rul	rackos, Man	Jemos & Com	relly - 41	6 oslem less
	7		342 (	,	6		//	1 1. 21



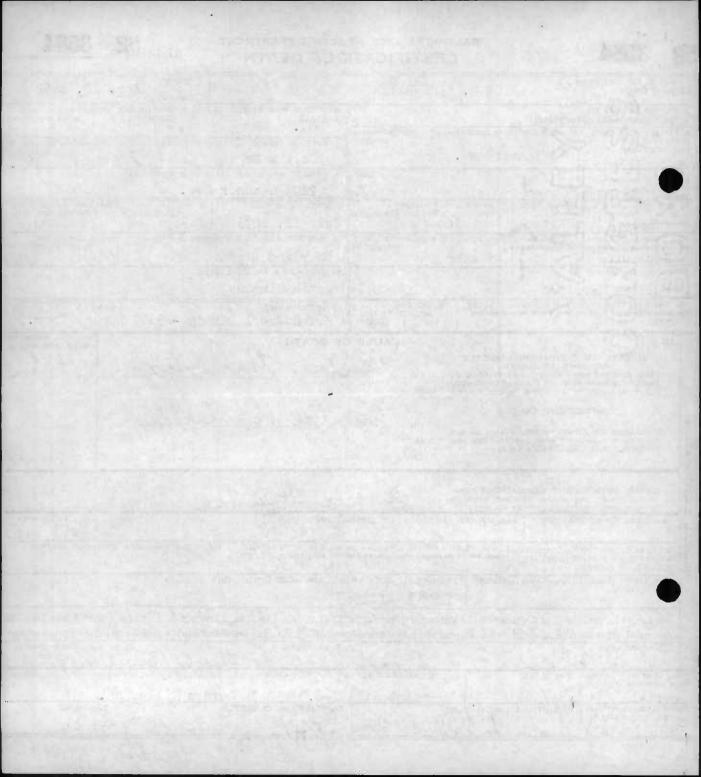
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

B	RTH NO.			OEITI IOITI	- 01 DEATH		
1.	NAME OF D	DECEASED				2. DATE	
(1	ype or Frinc)		JOHN	FRANCIS EARNS	HAW	of DEATH Apr	. 13. 1952
Α.		City, Maryland			A. STATE	NCE (Where deceased lived, If B. COUNTY	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate in i	ts, write RURAL and give
A	0	3503 Fair	wiew A	me .	Baltimore	17	township)
		and the state of the state of		Yrs.		SS (If rural, give location)	
c.	bength of s	stay in Baltimore		Mos. Days	3503 Fair	view Ave.	
	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
	male	white	widow	/ED, DIVORCED (Specify)	Mar. 16, 18	68 last birthday) Me	onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR		tate or foreign country)	12. CITIZEN OF
wnr	done during most	nf wnrking life, even if retired)		INDUSTRY			WHAT COUNTRY?
	FATHER'S	rug Dept.	U. D.	Gov't.	W. Va.	DEN MANAGEMENT	
		BECKE STATE OF STATE OF					
		Earnshaw			Mary E. Sha	ver	
(Ye	. WAS DECEAS , nn nr unknnwn)	ED EVER IN U. S. ARMED (If yes, give war or deter	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
	_				Mr. Benjami	n A.Earnshaw - 35	03 Fairview Av
0	18. 33	14 .		CAUSE (	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This does	LEADING TO DEAT		cere	bral hemmo	orhage	2 days
13	heart failu	re, asthenia, etc. It mea	ns the diseas	c. and	d paralysis		J
	223013 01			.) DOE 10			ALCOHOLD STORY
_		ANTECEDENT CAUS	ES	Ante	erios scler	the plant	2
6	DISEASES OR CONDITIONS, IF ANY, GIVING HISE TO THE ABOVE CAUSE (A) STATING THE DUE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
F	UNDERLY	THE ABOVE CAUSE (A)	STATING TH	E DUE TO			
C				(C)	***************************************		********
CERTIFICATION		11			~		
R	OTHER S	SIGNIFICANT CONDI	TIONS CON	1.			
B		TO THE DEATH, BUT					
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
Y.	\$20°		-				YES NO
MEDICAL	21A. ACCID LYING OF	ENT WAS UNDER-		ACE OF INJURY (e. g., in arm;factory,etreet,office bldg., e			give exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21E HOW DID	INJURY OCCUR?	
	NJURY	(2017)		WHILE AT NOT WHILE		MOOK! GGGK!	
	22. I hereh	or contifue that I att	ended the		10 1052	to Apr. 12,19	Sthat I last sam the
						from the causes and on t	
	23A SIGNA		, 10,	2	3B. ADDRESS	001	23c. DATE SIGNED
	Sha	11177711	VIH-	м. D.	2271 14	ssisin Glas	9014/52
24	A. BURIAL,	CREMA- 24B. DATE	2	24c. NAME OF CEMETER	RY OR CREMATORY	24D. LOCATION (City, town	
	on, removal (S Burial	1/16/52		Lorraine Par	k Com	Woodlawn, Md.	
	TE RECEIVE	17///-	SSIGNATI		25, FUNERAL DIRE		7 ADDRESS
	APREGIST			Villiauis, MSTS	Jan 8.	sichner YS	ors
	VS 150		0			0 1	- 000
					U	vallo 1	1, 100a.



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	NAME OF DE	ECEASED	LICE M.	LINEWEAVER		2. DATE OF DEATH	Apr. 12,	1952	
Α.		City, Maryland			4. USUAL RESIDENCE (	Where deceased li- B. COUN		: residence (ore admission)	
	FULL NAME	OF (If not in hospi	tal or institut	ion, give street address or			- 11		
	STITUTION	0702 1221		location)		f outside corperat	limits wait R	township)	
0	1)	2103 Wind	sor Ave		Baltimore		) '	township)	
1				Yrs.	D. STREET ADDRESS (If	rural, give heati	on)		
c.	Length of st	tay in Baltimore		Mos. Days	2103 Windsor	Ave.			
5.	SEX	6. COLOR OR RACE		E. MARRIED,	8. DATE OF BIRTH	9. AGE (In ye	ars If Under 1 Year	If Under 24 Hours	
	female	white		LED, DIVORCED (Specify)	July 11, 1873	78	y) Months Days	Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITI		
WOL	Housewil		at ho	INDUSTRY	Maryland		WHA	T COUNTRY?	
13	. FATHER'S N		a d Ho			4115			
15					14. MOTHER'S MAIDEN N	AME			
		Harrison			Annie Simmons				
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARME (If yea, give war or dat	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS		
(10	no	(1. Jos, 8170 wat of date	es of service)	SECURITY NO.	Mr. Russell Dis	sney - 310	9 Poplar	Terr.	
	18. 33	クソ		CAUSE	OF DEATH			VAL BETWEEN	
		E OR CONDITION	DIRECTIV	1			ONSE	T AND DEATH	
г.		LEADING TO DEA	TH	(0)	alpad Then	woris		486.	
	(This does	not mean the mode	of dying, e. s	., (A)	was juicen	wes		1 0 Mg	
Н	injury or	heart failure, asthenia, cte. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B) Essential (Apperturing).							
	ANTECEDENT CAUSES & T.A. M. T.								
Z	ANTECEDENT CAUSES  (B) Essential Application.								
Ō	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
F		'ING CONDITION L		HE DUE TO					
CATION	(C)								
IF!		-11						Maria de la compansión de	
RTI		IGNIFICANT COND			le mellite				
CE		TO THE DEATH, BUT			le mellie	4)		•	
				FINDINGS OF OPER	ATION		20.	AUTOPSY?	
A							YES	O NO O	
O	21A ACCID	ENT WAS UNDER-	21B. PL/	ACE OF INJURY (e.g., in	or   21c. WHERE DID (	If in Baltimore	City, give exact	location)	
MEDICAL		R CONTRIBUTING []		farm, factory, street, office bldg., e					
		Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	21F. HOW DID INJUR	Y OCCUR?			
	INJURY			WHILE AT NOT WHILE					
	00 71 7		m.	- 7	4 1061	Charle 12	1952 that I	7	
	22. I hereby	y certify that I at	tended the	deceased from Oc	, 1967, to	1/			
			1, 1956.	and that death occur		the causes and			
	23A. SIGNAT			2	38. ADDRESS Frell		23C. D	ATE SIGNED	
				M. D.	11 11 11 11 11				
2	A BURIAL	PENAL 34B DATE			1/2		town, or county	(State)	
24 TI	A. BURIAL P	REMA- pecify) 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City		) (State)	
_	Burial	REMA- pecify) 24B. DATE 1/15/52		24c. NAME OF CEMETE Pleasant Hill	Cem. Ow.		s Md		
D	Burial	pecify) 24B. DATE pecify) 1/15/52		24c. NAME OF CEMETE Pleasant Hill	RY OR CREMATORY 24D. L	OCATION (City			
D	Burial	pecify) 24B. DATE pecify) 1/15/52		24c. NAME OF CEMETE Pleasant Hill	Cem. Ow.	OCATION (City	s Md		
D	Burial ATE RECEIVED CAL REGISTI APR 141	pecify) 24B. DATE pecify) 1/15/52		24c. NAME OF CEMETE Pleasant Hill	Cem. Ow.	OCATION (City	Md.		
D	Burial	pecify) 24B. DATE pecify) 1/15/52		24c. NAME OF CEMETE Pleasant Hill	Cem. Ow.	OCATION (City	Md.		



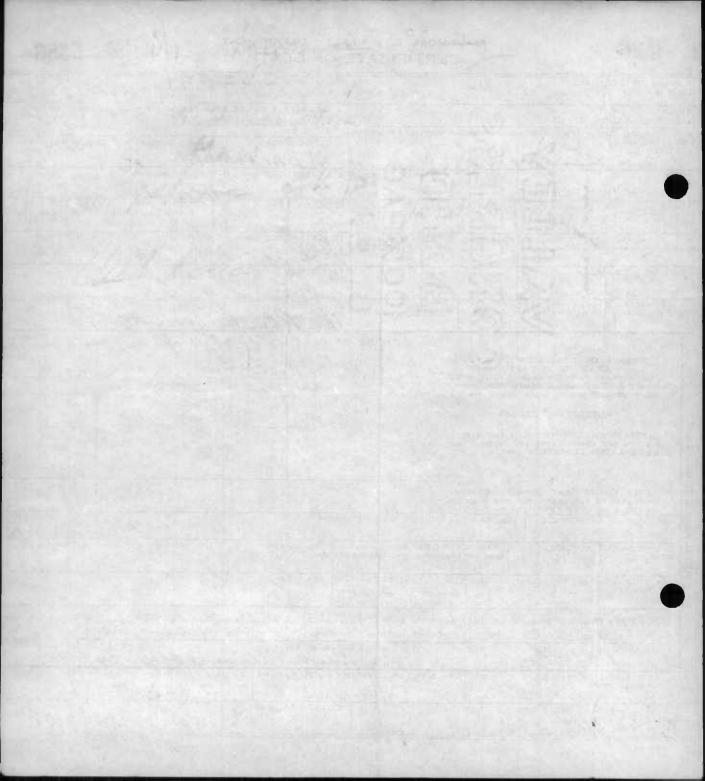
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52	3585

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.				
(T	NAME OF DECEASED P. Harry Mras			2. DATE OF DEATH OPPI	612,1952
	Baltimore City, Maryland		A. USUAL RESIDENCE	(Where deceased lived, If in B. COUNTY	stitution: residence before admission)
В.	FULL NAME OF (If not in hospital or institution		md.		
	STITUTION JOHNS HOPKINS HO	OSPITAL location)	By Itan	(If outside corporate limits,	write RURAL and give township)
1		Yrs.	D. STREET ADDRESS	(If rural, give location)	
c.	Bength of stay in Baltimore	. Mos. Days	1506 N	, Chanel St	
5.	SEX 6. COLOR OR RACE 7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   U	hder I Year   If Under 24 Hours has Days   Hours   Min.
)	nale white me	med	8-25-97	54	
	A. USUAL OCCUPATION (Give kind of k dopeduring most of working life, even if retired)	OF BUSINESS OR	BIRTHPLACE (State	or foreign country)	2. CITIZEN OF WHAT COUNTRY?
	Carpenter	Const.	Dallo	mo	
13	EATHER NAME		14. MOTHER'S MAIDEN	NAME	
	John Stross		Elizabeth	۷,	
15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 4. no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	HOPKINS HOSPITAL	DRESS
-	10 10(1)	d20-09-4567	OF DEATH	HOLKING INTE	INTERVAL BETWEEN
	18. /8/ 🗡 1	CAUSE		2	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Careci	name of	the gladder	+ + 2405
	(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease	,	0	• • • • • • • • • • • • • • • • • • • •	
	injury or complication which caused death.	) DUE TO	p. 4		
	ANTECEDENT CAUSES				
O	DISEASES OR CONDITIONS, IF ANY, GIVING		•••••••••••••••••••••••••••••••••••••••	***************************************	***************************************
E	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
IC/		(C)			
ERTIFICATION	III	11			1
ER	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED	Mual	'mi'a		6 months
Ü	TO THE DISEASE OR CONDITION CAUSING IT	FINDINGS OF OPER			20. AUTOPSY?
AL	19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF CLER	A 11014		YES NO 1
EDICAL		CE OF INJURY (e. g., in		(If in Baltimore City, gi	ve exact location)
MED	LYING OR CONTRIBUTING   about home, fe	arm,factory,street,office bldg.,e			
r	INJURY	ZIE. INJURY OCCURRI	ED 21F. HOW DID INJ	URY OCCUR?	
	m.	WORK NOT WHILE			
	22. I hereby certify that I attended the		8 152, to		that I last saw the
	deceased alive on 4-12, 1952,	and that death occur	red at 4 m., fro	m the causes and on the	
	23A. SIGNATURE	2	38. ADDRESSNS HOP	KINS HOSPITAL	23c. DATE SIGNED
-	4AD BURIAL ORFMA- 24B, DATE 2	AC. NAME OF CEMETE	RY OR CREMATORY   24	D. LOCATION (City, town, o	r county) (State)
Ty	N REMOVAL (Specify)	12 0 1	29 -	13001	mil
-	ATT PECELVED BY I DECKET PAGE CLONATU	DE TIMEL	25. FUNERAL DIRECTO	OR JULIO	ADDRESS
L	ATT RECEIVED BY REGISTRAR'S SIGNATU	Migration MAD	An V	- 9,	a fam l
-	APR 1 4 1952	Manual May 8	) of Ruck	5305 14	my or a
	VS 150	5100	5 %		
		V 1 V 6%			

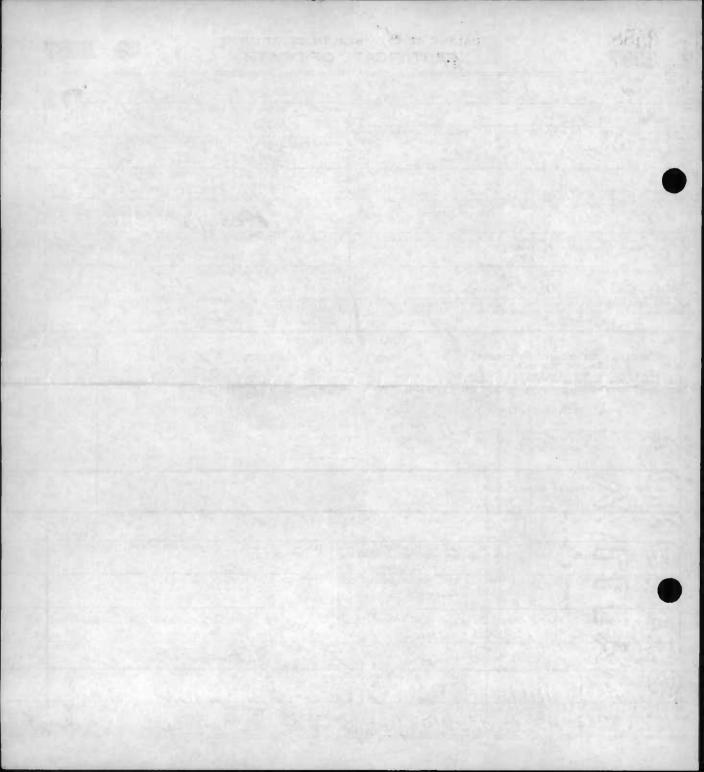
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

31	RTH NO.								
1. (T)	NAME OF DE	SPENCE	ANN	Bauer		2. DATE OF DEATH 4/	111/52		
A.		ity, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
HC	FULL NAME ( DSPITAL OR STITUTION	OF (If not in hospit:	al or instituti	on, give street address or location)	c. CITY OR TOWN (If	outside corporate mails,	vrite RULAL and give township)		
	Luin	1/2 000110	11/1	51/1/21	BA BALTIM	ORE L			
	ngth of st	ay in Baltimore		Yrs. Mos. Days	7509 Har-	rural, give location)			
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		nder I Year if Under 24 Hours the Days Hours Min.		
		CUPATION (Give kind of forking life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	1. 1	2. CITIZEN OF WHAT COUNTRY?		
13	ATHER'S N	oml			MOTHER'S MAIDEN N	shea la.			
8	J. S. N		00		A If	310.01			
15 Ye	. WAS DECEASE	PEVER IN U.S. ARMEI (If yes, give war or date	FORCES of services	16. SOCIAL SECURITY NO.	17. INFORMANT	ynca AD	DRESS		
	0		0		Mp. 7 hea 13.	young - 15 &	dward Sq.		
	18. 44:	3X .		CAUSE	OF DEATH More	frampton, M.	INTERVAL BETWEEN		
	DISEAS	E OR CONDITION		O	about Home	00-4-	16		
	heart failu	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES  ANTECEDENT CAUSES								
Z									
AIIC	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) (ING CONDITION L)	STATING TH						
7				(C)					
FK	TRIBUTING	IGNIFICANT COND	NOT RELATE	ŁD .					
		F OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?		
A	1	0					YES NO X		
EDIC	21A, ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City, gi	ve exact location)		
Ξ	21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?			
	INJURY		m.	WHILE AT NOT WHILE					
	22. I hereh	y certify that I at		11 0 11 1	/11/52, 19_, to_	4/11/12,19	, that I last saw the		
	deceased al	live on 4/11/52	_, 19,	and that death occu	rred at 10:50 fm., from t	the causes and on th	e date stated above.		
	23A. SIGNA	TURE , 4/	1		23B. ADDRESS	4.1	23c. DATE SIGNED		
	Haver		s.p.	M. D. 24c. NAME OF CEMETE	ERY OR CREMATORY   24D. L	OCATION (City, town,	y/1/32 or county) (State)		
TI V	ON REMOVAL	REMA- 24B. DATE Specify) 4 15	152	Panku	road	Sala 7	nal		
	ATE RECEIVE		S SIGNATU	URE	25. FUNERAL DIRECTOR	5305 H	artord Rd.		
	VS 150	· O	nove y	CHANGE THE	1		1		
							//		



#### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATI	E OF DEATH Registered No. 121
1. NAME OF DECEASED	2. DATE
(Type or Print) HARLES J. BROWN	DEATH APR 13 19 TZ
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate inpits, write IVULA) and give
MENCY HOSPINSC	DATTIMORG LI ROWNShip)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	2853 PERHAMAU
5. SEX 6. COLOR OR RACE 7. SINGL MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Under I Year In Under 24 Hours Min.  4. 18 1908 43 1908 Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hanklin M. Brown	Herene Folker
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17 INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dutes of service) SECURITY NO.	Fanne Brown
18. 5 \$1.0 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	shoris & Twee 345 T.
heart failure, asthenia, etc. It means the discase,	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	***************************************
€ ONDERENTED CONDITION EAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
U TO THE DISEASE OR CONDITION CAUSING IT.	NATION
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	20. AUTOPSY?
21A. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (c. g., is about home, farm, factory, street, office bldg., it	n or   21C. WHERE DID (If in Baltimore City, give exact location)
Σ	to.) INJURY OCCUR?
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE WORK AT WORK	
22. I hereby certify that I attended the deceased from now	rely, 152, to april 15, 19 J, that I last saw the
descused alive on 4. 3 19,52 and that death occur	
23A SIGNATURE	38. ADDRESS 23c. DATE SIGNED
M. D.	They dispose offe (3/72
24A BURIAU CREMA- 24B. DATE 10A REMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Durial 4/16/52 / lew 0	hedial Dallo Ma
DATE RECEIVED BY REGISTRAT'S SIGNATURE	25 FUNERAL DIRECTOR 5305 Harrord
VS 150	3/
1 1 / 1	1/



# CERTIFICATE OF DEATH Registered 52 3588

BIRTH NO.								
1. NAME OF DECEASED Goldie Richardsor	2. DATE OF 11 april 52							
a. Baltimore City, Maryland Balto, Cilia	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)							
B. FULL NAME OF (If not in hospital or institution, give street address or	Jenna, V-							
HOSPITAL OR location)	C. CILL OR TOWN (II outside corporate mints, write RORAL and give							
INSTITUTION 61491, Bond St,	Philodelphia township)							
Yrs:	o. STREET ADDRESS (If rural, give location)							
c. Agth of stay in Baltimore 14 w. Days	1911 montgowery are							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Illnds) Year If Under 24 Hours   last birthday)   Months: Days   Hours   Min.							
Lemel Colored Manuel	10 Nov-1907 45							
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work dope, during most of working life, evep if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF							
Housewill	Baltemore Ind WHAT COUNTRY?							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Charles Linnson	En Prence.							
15. WAS DECEASED EVER M. U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service)   SECURIAN DATE.	17. INFORMANT ADDRESS							
(11 yes, give war or dates of service)	J Soldie House to 614n. B. M.							
18. /90 / CAUSE	OF DEATH							
1	ONSET AND OF ATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
injury or complication which caused death.) OUE TO								
ANTECEDENT CAUSES								
O DISEASES OR CONDITIONS, IF ANY, GIVING	DISFASES OR CONDITIONS IF ANY CIVING							
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
O SNOEMETING CONDITION EXST.								
(C)								
OTHER SIGNIFICANT CONDITIONS CON-								
TRIBUTING TO THE GEATH, BUT NOT RELATED  TO THE GISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?							
14 mar 5-2 liffure abd. car	cerantoris adeno carcerona YES NO X							
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bidg., 6	in or 21C. WHERE DID (If in Baltimore City, give exact location)							
N N								
24D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?							
m. WHILE AT NOT WHILE MY WORK AT WORK								
	mar 1052 to 1/ april 1950 that I last care the							
22. I hereby certify that I attended the deceased from 3/ ma, 1952, to 1/4 freel, 1952, that I last deceased alive on 1/4 , 1952, and that death occurred at 8:0 Am., from the causes and on the date state 23A. SIGNATURE 23B. ADDRESS 23C. DATE								
								KenoldBhighslaw M. D.
24a. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY (240. LOCATION (City, town, or county) (State)							
14-14-07 My coco	13 13 13 1 1 1 1 1 1 1 1 1 1 1 1							
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS							
APR 141952 Turtington Villague Mis	. Curof Wilson 1000 Brancy							
VS 150								

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

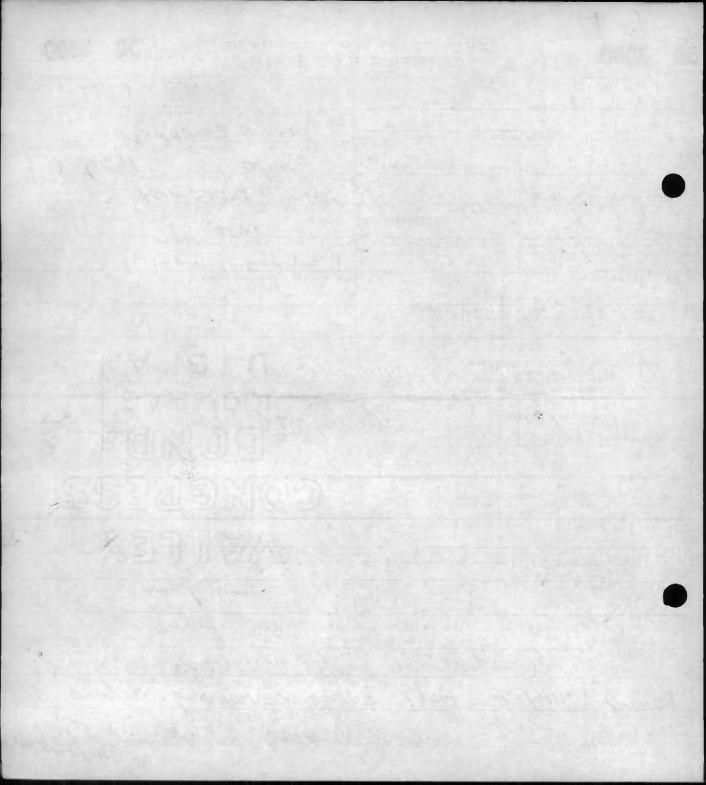
Registered 80 3589

7		)		CERTIFICATI	E OF DEATH	Registered	
	NAME OF D	ECEACED				2. DATE	
(T	uma on Duin41	. / - 1	INIE	FENNE		OF	ril 12, 1952
	PLACE OF D	EATH:	11144	בניויאני		CE (Where deceased lived.	If institution : residence
_		City, Maryland	a) or institut	ion, give street address or	A. STATE	yland B. COUNTY	before admission
HC	SPITAL OR STITUTION	OI I NOS IN NOSPIC		location)	C. CITY OR TOWN		mits, white RURAL and give
111	3111011014	Union Memor	rial Ho	spital	Balt	timore	township
				Yrs. Mos.		S (If rural, give location)	
		tay in Baltimore		Days		dale Avenue	
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday),	Months Days Hours Min.
	Female	White		single	Nov 8,	94418484	
work	done during most o	CUPATION (Give kind of of working life, even if retired)	10B. KINI	OF BUSINESS OR INDUSTRY	Baltimore	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
10		home					
13	FATHER'S				14. MOTHER'S MAID		
15		rd Fenne	FORCES	Lis cociii	Kunigunda l	Lieb	
(Yes	, no or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	2 000	ADDRESS
					Miss Marie	Sporrer 29.	10 Echodale
	18. 42:	2,1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION		1.1	1 1	11 ,	
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or	complication which of	aused death	n.) DUE TO			
	ANTECEDENT CAUSES						
z	DISFASES	OR CONDITIONS, 11	FANY GIVII	25.L			
의	RISE TO T	HE ABOVE CAUSE (A)	STATING TI				THE RESERVE OF THE PARTY OF THE
[A]	(C)					***************************************	
ERTIFICATION		11					
E		IGNIFICANT CONDI					
CEI		SEASE OR CONDITION			ATION		1 co altropova
	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		YES NO
CAL	21A. EXTERN	NAL CAUSE WAS	218. PL	ACE OF INJURY (e.g., in	or 21c. WHERE DID		y, give exact location)
١٥	UNDERLYIN	G OR CONTRIB.	about home,	farm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
M.		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	D 21F. HOW DID IN	NJURY OCCUR?	
	FINJURY	, (===,		WHILE AT NOT WHILE			
	22 Location	for that I took about	m.	remains described a	have hold an 17	Prairie Andonse	thoron and from
				Aut	topsy, Inspection of Inqui-	thereon and from	
	the evi	dence obtained by	said Auto	opsy, Inspection or I	nquiry, find that so	aid deceased died on nicide [], homicide []	the day stated above undetermined.
	23A. SIGNAT		1 Control 1	1	238. CHIEF MEDI	ICAL EXAMINER	23c. DATE SIGNED
	U	Illiam 1/1	mis	M		ICAL EXAMINER	April 13, 1952
24	A. BURIAL. C	REMA- 248, DATE		2 . NAME OF CEMETE		40. LOCATION (City, tov	
110	Burial	4-15-5	52	Holy Rede	emer Cem	- BaltImore	Md.
	TE RECEIVED		SIGNATU		25. FUNERAL DIREC		ADDRESS
	DR 1 4 10	11- //-	cton /	Alians MSZ	Leonard J.	Ruck, 5305 H	Harford Road.
V	S 151	1					./
		U					

Therefore the control of the control

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

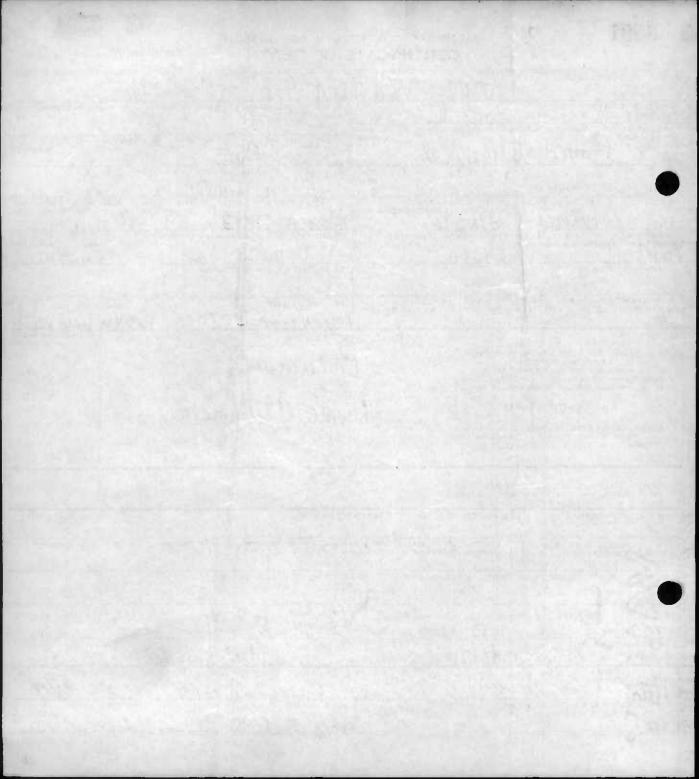
21	MIN NO.								
	NAME OF D ype or Print)	K athren	Tu	med		2. DATE OF DEATH	apr	13.195 F.m.	2
	PLACE OF D Baltimore	City, Maryland	12001	Sally 21.	4. USUAL RESIDENCE	B. COU	NTY	itution: residence before admiss	
8.	FULL NAME	OF (If not in hospi	tal or instituti	on, give street address or	1442 N.	DIEGADA	119Y-		
HC	STITUTION			location)	C. CITY OR TOWN	(If outside corpor	ate limits, w		
7	SITION	P + FA 1 1	H	11-1-	Bulan		Mor	lowns	(d)
1	-	ulle see	un g	1 1 1 1 1	JAME	(If rural, give loca	tion)	1-1	-
E.				Yrs. Mos.	a hada at the			0	
c.	Length of s	stay in Baltimore	6 4	Days	1442 10. 0	BOADWA	24		
	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8, DATE OF BIRTH	9. AGE (ln:	years It Under	1   Year   If Under 24	Hous
1		1.0	WIDOW	ED, DIVORCED (Specify)	م ا	last birth	day) Months	Days Hours N	lin.
f	emole	White			1 0 - 18	75. 77			
10	A. USUAL OC	CUPATION (Give kindo	I 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country	) 12.	CITIZEN OF	
rork	doneduring most	of working life, even if retired		INDUSTRY	n 14-		A STATE OF	WHAT COUNT	RY?
			100		15 allemore	- had-	-		
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME			
1	0 0				4				
	2 over	William	***		many wa	Lget-			
15	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	0	ADDE	RESS	
Yes	s, no or unknown)	(If yes, give war or dat	es of service)	SECURITY NO.	9 411 1	+ 0	1=	P	
					I tille de	surs y	1 has	0 100	
	18. 420	2 0		CAUSE	OF DEATH	U		INTERVAL BETW	
	1 -				0 1 -1 =	11	1	ONSET AND DE	ATH
	DISEA	SE OR CONDITION LEADING TO DEA		1.1.	- Challanston.	Warin.	Vicanni	10 901	
	(This doe	s not mean the mode	of dying, e. g	, (A) (Mell	o o y www.	yreuw x	ACO-COTT	24	11
	heart fail	ure, asthenia, etc. It me:	ans the disease	e,				1	
	injury or	complication which	eaused death.	.) DUE TO				0	
		ANTECEDENT CAU	SES	11, 1-		2 1 .		1-1	11
_				- (1118	MO 0 (18	10215		04	10
6	DISEASE	S OR CONDITIONS,	IF ANY GIVIN	(B)V					
Ξĺ	RISE TO	THE ABOVE CAUSE (A)	STATING TH	E DUE TO					
4	UNDERL	YING CONDITION L	AST.						
U				(C)	•••••••••••••••				*******
L									ACTIVITIES .
E	OTHER	SIGNIFICANT COND	ITIONE CON						
		G TO THE DEATH, BUT							
Ö	TO THE D	SEASE OR CONDITION	N CAUSING I	Г			***************************************		
	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY	17
2	0.000	0						YES NO	
CA	214 ACCU	DENIT MAG HAIDER	1 215 DI A	CE OF INJURY (e. g., i	n or   21c. WHERE DID	(If in Baltimor	o City give	exact location)	
╗		DENT WAS UNDER R CONTRIBUTING		arm, factory, street, office bldg.,		(11 III Daicinioi	e Oity, give	exact location;	
Ш	CAUSE OF								
Σ	TIME	(Month) (Day) (Year	(Hour) 1	21E. INJURY OCCURR	ED 21F, HOW DID INJ	URY OCCUR?			
	INJURY	(2003) (200							
			m.	WHILE AT NOT WHILE					
	- 14 LUIS			21	1201 1	111.1112	1060.		
	22. I herei	by certify-that Lat			7 Ch /- , 1902, to.			hat I last saw	
	deceased a	live on Up 10	1912	and that death occur	rred at 3-40 Pm., from	m the causes ar	nd on the	date stated ab	ove.
	23A. SIGNA		00 11:		38. ADDRESS	10		3C. DATE SIGN	
0	200.010111	P 41	06.74	all non	1/2/01/1	Alti Class	2 4	7/14/5-1	).
		a gr	770	CCC 100M.D.	10016100	un ou	/	117/22	-
2	4A. BURIAL.	CREMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 24	LOCATION (Ci	ty, town, or	eounty) (Sta	ite)
TI	ON SEMOVAL (	spenity) 4/16/	52	HOLY Po	permer Ma	PARICAY	Bed	9300 M	Las
	Dur			1.		1		700	4
	ATE RECEIVE		'S SIGNATU	RE	25 FUNERAL DIRECTO	PRAME	AL	DDRESS	
L	OCAL REGIS	10rd H	7 +	WILLIAM	2/// 2 2 2 3 3	1	73	3.5 0 1	
-	AFK LA	133/ 1/wel	inglow,	Manager (17)	1 some	1 Juci	70	7 / 11	V/
	VS 150		0 1				-30	andoree!	-7



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.\_\_\_\_

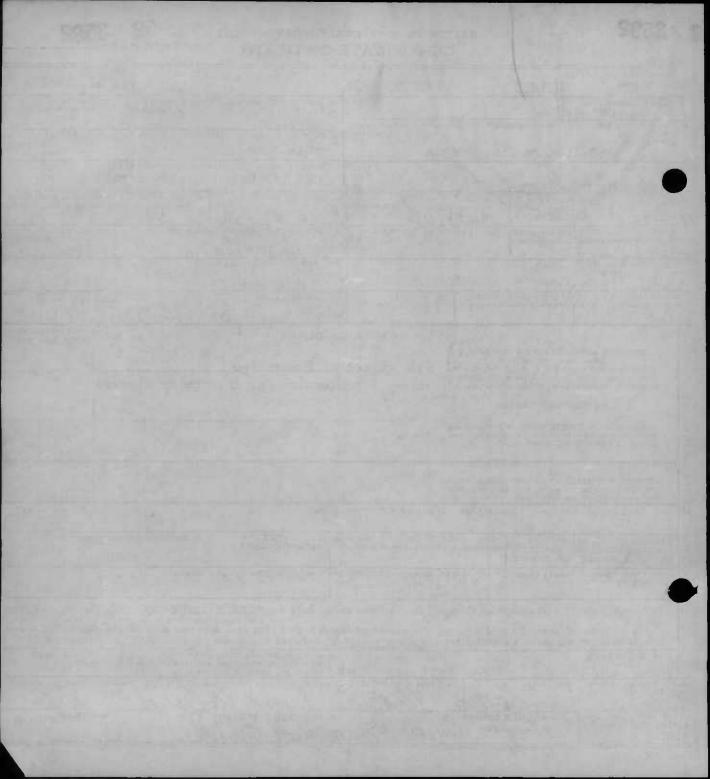
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 4/1/52	
1017	sidence admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN 30 (If outside corporate limits, write RURA)  C. CITY OR TOWN 30 (If outside corporate limits, write RURA)	L and give township)
Yrs.  O. STREET ADDRESS (If rural, give location)  Mos. Days  1224 W. Linvalo &t	
	Under 24 Hours ours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (State or foreign country)  WHAT C	OF OUNTRY?
porter istore convay s.c. 7.8	Q.
13. FATHER'S NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT ADDRESS  ADDRESS  ADDRESS  ADDRESS	ta
18. 2.2.2./ CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AU	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, form, factory, street, office bldg., etc.) CAUSE OF DEATH	no L
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 4/5, 1952 to 4/11, 1952 that I lass	t saw the
deceased alive on 4/11, 19 50 and that death occurred at 11 pm., from the causes and on the date state	
23A. SIGNATURE DE GONIONALKO M.D. 23B. ADDRESS PROVIDENT HOSPITAL 23C. DATE 1/2/3	
DATE RECEIVED BY REGISTRAR 9 STGNATURE LOCAL REGISTRAR 9 STGNATURE LOCAL REGISTRAR 1 ADDRESS ADDRESS ADDRESS	322 J.
VS 150 780 6 V	/ May



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3592

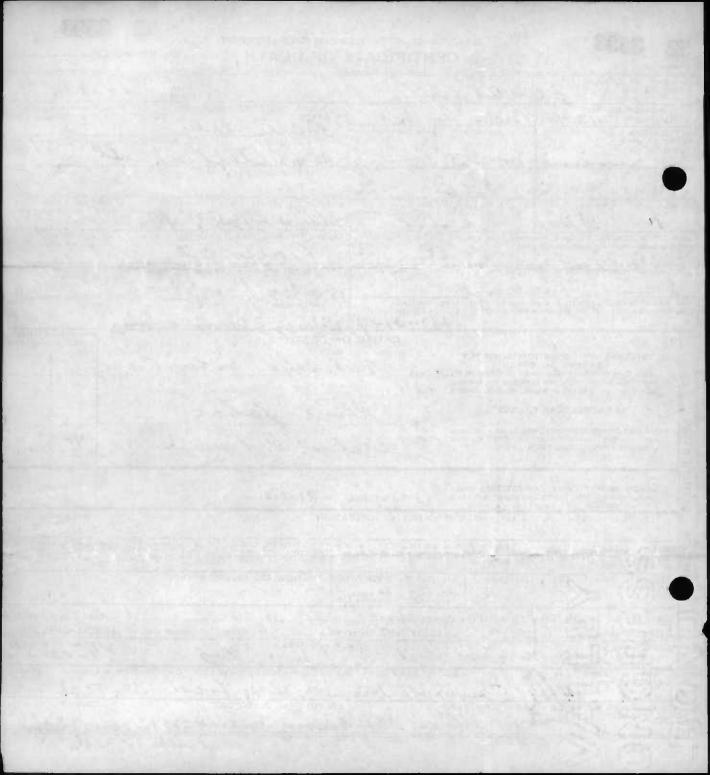
	DTH NO			CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF	DECEACED				2. DATE	
	ypc or Print)	INEZ		BRYANT		OF April	
A.		City, Maryland			A. STATE	(Where deceased lived, If ins	stitution : residence before admission
H	FULL NAME OSPITAL OR STITUTION	Paltimore (		ion, give strect address or location)		(If outside corporate limits,	write RURAL and give township
		Day of More	71 0, 1101	Yrs.	D. STREET ADDRESS	(If rural, give location)	
	ngth of	stay in Baltimore		Mos. Days	755 1/2 West	t Mulberry Stree	
	Male	6.COLOR OR RACE	7. SINGLE	E, MARRIED, VED DIVORCED (Specify)	May 5, 196	9. AGE (In years last hirthday) Mont	der I Year hs Days Hours Min.
10	A. USUAL O	CCUPATION (Give kind of tof working life, even if retired)		OF BUSINESS OR INDUSTRY	11. FIRTAPLACE (State of	or foreign country) 1:	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME P	<u> </u>		14. MOTHER'S MAIDEN	NAME	NAG 9C
1	JOHN F	Kogers			Lillie Hos	0	
(Ye	. WAS DECEAS	SED EVER Q U.S. ARME ) (If yes, give war or date	D FORCES? os of service)	16. SOCIAL SECURITY NO.	Walten Bry	ant 756/2 Wm	ullerry St.
	18. 4	43×.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY				
	(This do	LEADING TO DEA	of dying, e. 1	s., (A)Cerel	oral Hemorrhage		****
	heart fail	lure, asthenia, etc. It me r complication which	ans the diseas caused death	e,	ertensive Cardio	vascular Diseas	e
		ANTECEDENT CAU	SES				
7	DISEASI	S OF CONDITIONS		(B)	••••••	***************************************	****
ERTIFICATION	RISE TO	THE ABOVE CAUSE (A)	STATING TH				
AT	UNDERL	YING CONDITION L	ASI.	(C)		*****	
IC.		11					
Ē		SIGNIFICANT COND					
		DISEASE OR CONDITION	CAUSING I	τ			
O	19A. DATE	OF OFERATION	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
AL		NAME OF THE PARTY	1 21B PI	ACE OF INJURY (e.g.,	n or   21c. WHERE DID	(If in Baltimore City, giv	120 22 110
EDIC	UNDERLYII	RNAL CAUSE WAS NG  OR CONTRIB- CAUSE OF DEATH	about home,	farm, factory, street, office bldg.,			
M	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		URY OCCUR?	
	22. I cert	ifu that I took cha	rue of the		above, held an parti	ial autopsy	thereon and from
					Autop	sy, Inspection or Inquiry deceased died on the	day stated above
	and d	leath in my opinion	resulted f	rom: natural cause	s K, accident , suice	ide □, homicide □, un	$determined \square$ .
	23A. SIGNA		N)	0	238. CHIEF MEDICA ASSISTANT MEDICALINVESTION	AL EXAMINER 23c.	DATE SIGNED 4/11/52
91	A. BURIAL.	CREMA- 48. DATE	1	24c. NAME OF CEMETE		LOCATION (City, town, or	county) (State)
19	Zerray	asril	5,1950	Mrkyl	us Menoral C	arulus	1110
	ATE RECEIVE		BELGNATA	discus MP	25. FUNERAL DIRECTO	OR O	ADDRESS 3221
1 3	T T T T T T T T T T T T T T T T T T T		AC I	APPROACH AND STATE OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0 -0



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3593

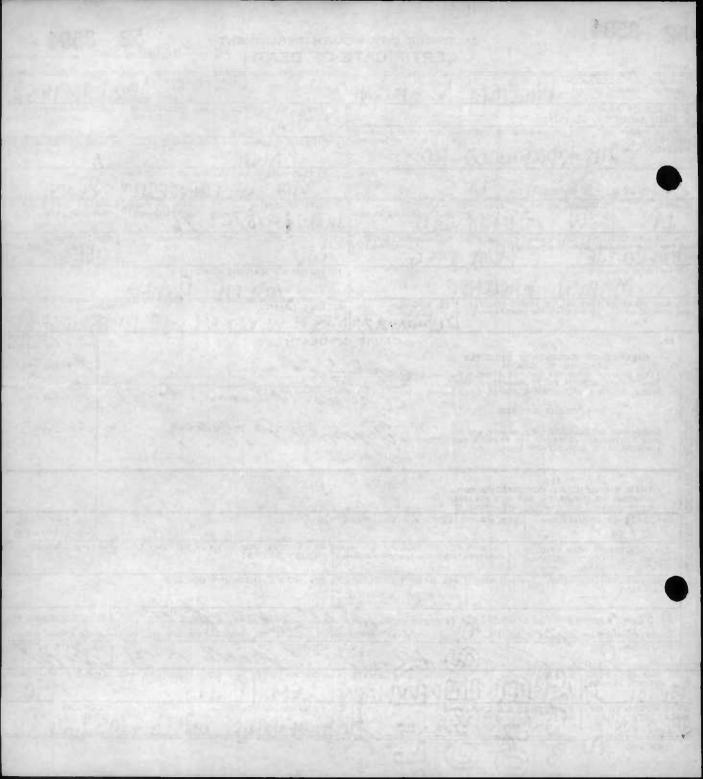
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Elica WTucker	2. DATE OF 4-13-5 2
A. Baltimore City, Maryland A. STATE  B. FULL NAME OF HOSPITAL OR INSTITUTION  A. STATE  A. STATE  C. CITY OR TOWN  30 43	CE (Where deceased lived, If institution: residence B. COUNTY before admission)  (If oursile corporate limits, write RURAL and give township)
c. Length of stay in Baltinore  Yrs. Mos. Days	S Af Mral, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  While Survey Carry (Specify)	9. AGE (In years If Under I Year If Under 24 Hours Min.
Bally horelli Portlyne Ball	te or foreign country) 12. CITIZEN OF WHAT COUNTRY?
John & Freker GIFT SKOP(A) Sadie	Puruen
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT 17	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEPENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  (A)  Mulablack  (B)  DUE TO  (C)  Bilablack  Pyte  (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) DF INJURY  MILE AT NOT WHILE AT AT WORK  TM. WORK AT WORK	
deceased alive on , 19 , and that death occurred at m., 19 23A. GIGNAPORE Brownshoo n. D 23B. ADDRESS.	from the causes and on the date stated above
Buriel 4/17/52 mx olivet can But my	240/COCATION (City, town, or county) (State)  Treducily Red  CTOR ADDRESS
LOCAL BEGISTEAD	where 2359 wash Abrob
VS 150 3906U	Bulto 20 md



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3594 Registered No.

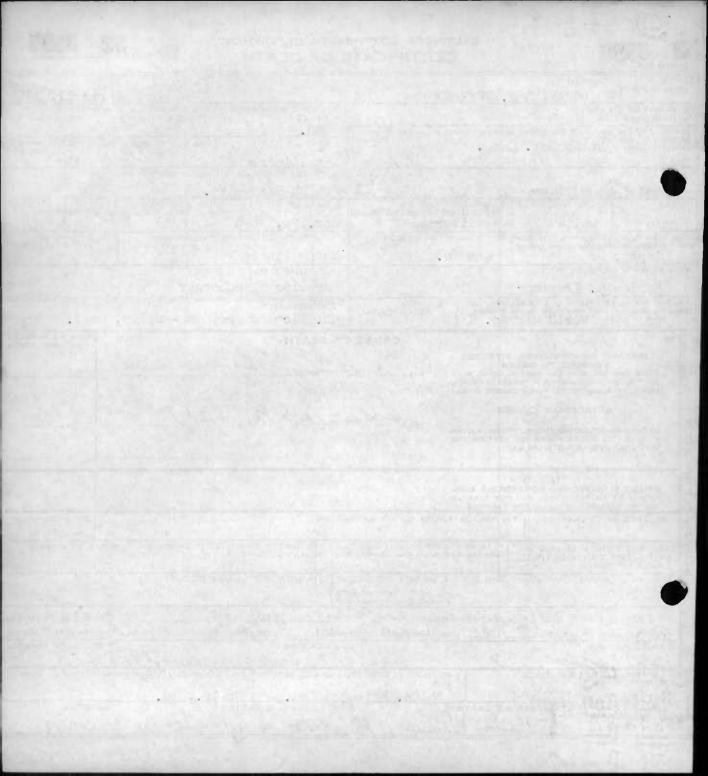
BIRTH NO.	
1. NAME OF DECEASED WILLIAM A. WAGNER	2. DATE OF APRIL 12, 1952
A. Baltimore City, Maryland	USUAL RESIDENCE (Where deceased lived, If institution Presidence B. COUNTY before admission)
118 KIDGEWOOD KD.	CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Length of stay in Baltimore	100 W. UNIVERSITY PKWY
M WIDOWED DIXORCED (Specify) JA	DATE OF BIRTH  9. AGE (in years if Under 1 Year last birthday) Months Days Hours Min.
work done during most of working life, even if retired)  EXECUTIVE  BOX MFG. INDUSTRY	BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
MARTIN WAGNER	ELIZABETH RODER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO. 213-01-1277	S.M.W. KENNY 312 TUNBRIDGE RD
18. 33 2 X I CAUSE OF I	DEATH INTERVAL BETWEEN DISET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Chranlonia I unter.
(This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)	d
injury or complication which caused death.) But is (sittere	5 - Heleroin (Gentled) 5 years
ANTECEDENT CAUSES	in the Marian 1/2
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Sul glorafileing / Han
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	N   20. AUTOPSY2
V Cu	YES NO
ZIA. ACCIDENT WAS INDER.   ZID. ZIAOZ OT TROOMS (OF BY LE OF	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	21F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan	, 19 5 to Gul /7 , 1957 that I last saw the
deceased alive on fife 12, 1952, and that death occurred	
23A. SIGNATORE 23B. A Chaland, M.D. 13	E Bille A (2) Shill 14/52
24A. BURIAL CREMA- TION, REMOVAL (Specify) 4-15-1952 GOEENIM CINIT	R CREMATORY 24D. LOCATION (City, town, or county) (State)
- Contract of the contract of	CEM. IDACTO.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR ADDRESS
APR 141952 Tuntington Williams, M.	FUNERAL DIRECTOR SONS CO. 4905 ORX RD.



	Car	377	Casa	35	Spring .	
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3						
7		20	0.5	-		
116		Ue l				
D. C		10	000			

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	NAME OF I	CHARLES H	I. FREY	MAN		2. DATE OF DEATH A	oril 11. 1952
Α.		City, Maryland			4. USUAL RESIDENCE (W	Vhere deceased lived. If i	nstitution : residence before admission)
H	FULL NAME OSPITAL OR STITUTION	Union Mem. H		ion, give street address or location)	c. CITY OR TOWN (If	outside corporate linette	write LVRAL and give
	SITIUTION	OILLOIT HOME	rosp•	LES MANAGEMENT	Baltimore	1	(fownship)
				Yrs. Mos.	D. STREET ADDRESS (If		
C.	ngth of s	stay in Baltimore	1 5 601161	Days	5504 Ready Ave		
	male	white	WIDOW	E, MARRIED. VED, DIVORCED (Specify) VORCED	Nov. 26, 1898		Under 1 Year If Under 24 Hours nths Days Hours Min.
		CCUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
	Dispato	cher	Cab		Pennsylvania		WHAT COUNTRY
13	. FATHER'S				14. MOTHER'S MAIDEN NA		
4.00	Charles	H. Freyman			Caroline Rosenbe	rger	
(Ye	, no or number		e of Belaicel	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
_	yes	World War	NO. I		Mr. Richard Frey	man - salem,	
	18. 42	/ 4 1	DIDECTIV	CAUSE	OF DEATH	1	ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA's not mean the mode of	TH	Can	John Han	traca	
	heart fail	ure, asthenia, etc. It mea	ns the diseas	e.		**********************************	*******
	12,02,02			8			
z		ANTECEDENT CAUS		(B) Enda	could'x Myre	ndel	10 yes.
TION	RISE TO	S OR CONDITIONS, I	STATING TH	IG IE DUE TO			
CA	UNDERL	YING CONDITION LA	ST.	(C)		)*** <del>****</del>	
E		11					
CERTI		SIGNIFICANT CONDI					N. S. T.
Ö	TO THE E	SEASE OR CONDITION	CAUSING I	Т			
1 L	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		DENT WAS UNDER-	21B. PLA about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID (I	if in Baltimore City, g	1120 110
Z	CAUSE OF	DEATH (Month) (Day) (Year)	(Hours)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	COCCUR?	
	ID. TIME	(Month) (Day) (Teal)		WHILE AT NOT WHILE	TIP. HOW DID INSURT	OCCURT	
	22. I herel	by certify that I att	ended the	deceased from Me	acl , 1935, to 44	well 19.	that I last saw the
	deceased a	live on april 2	, 1957	and that death occur	red atm., from t		e date stated above.
	23A. STGNA	TURE		2	3B. ADDRESS	1. BI.	23c. DATE SIGNED
24	A. BURIAL, ON, REMOVAL (	CREMA- 248 DATE	1	M. D.   A	RY OR CREMATORY   24D, LO	OCATION (City, Jown,	or county)/ (State)
TIC	on, REMOVAL (	Specify) 1. /16/5	,	Balto. Natio	nal Cem. Balt	∆ M∂	
DA	TE RECEIVE	D BY   REGISTRAR	S SIGNAT		25 FUNERAL DIRECTOR	o Hu	ADDRESS
1	PR T	952 Huntin	ston V	Villiand, My	Jame H. J	ckner 4	- SMS
	VS 150		0	3225	4	Batto	md.



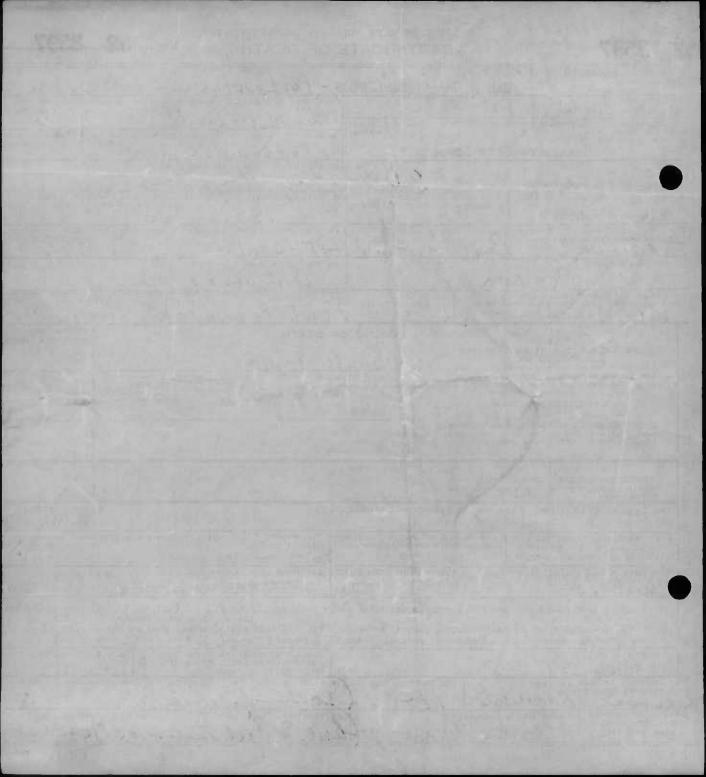
52 3596 BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	ype or Print)	BE	SSIE YE	EAGER GRAFTON		OF Apr	. 12, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (		
HC	SPITAL OR STITUTION	633 E. 33rd		ion, give street address or location)	c. CITY OR TOWN (1) Baltimore	f outside corporate in	ofts, write MURAL and give township)
C.	Length of st	tay in Baltimore		Yrs. Mos. Days	b. STREET ADDRESS (I		
5.	sex female	6.COLOR DR RACE		MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BIRTH Feb. 15, 1887	1 9 ACE (In years)	If Under 1 Year   If Under 24 Hours   Months Days   Hours   Min.
10 work	A. USUAL OC done during mosto Housewil	CUPATION (Give kind of f working life, even If retired)		of Business or INDUSTRY home	11. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	John T	· Yeager			14. MOTHER'S MAIDEN I	NAME	
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Miss Erma Graft	on - 633 E. 3	ADDRESS 3 3rd St.
CERTIFICATION	heart failu injury or  DISEASES RISE TO TI UNDERLY  OTHER S TRIBUTING	LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c  ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) TING CONDITION LA  II IGNIFICANT CONDI TO THE DEATH, BUT SEEASE OR CONDITION	f dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING TH ST.  TIONS CDN NDT RELATE	(B)(C)(C)	us of ceum		310 +
EDICAL C	19a. DATE O march 21a. ACCID	F OPERATION 1	9B. MAJOR malaja 21B. PLA	FINDINGS OF OPER	or 21c. WHERE DID	(If in Baltimore City	20. AUTOPSY? YES ND P
	21D. TIME () )F INJURY	Month) (Day) (Year)		21E. INJURY OCCURRI			
	22. I hereby certify that I attended the deceased from deceased alive on Afr 11, 1952, and that death occurred at 12, to m, from the causes and on the date stated about						that I last saw the the date stated above.    23c. DATE SIGNED   4/13/52
24 TIC	A. BURIAL, CON, REMOVAL (S	REMA- 248. DATE pecify) 4/15/52		Loudon Park	RY DR CREMATORY   24D.	location (City, tow	1
D/	TE RECEIVE		-9	Villiams; My	29. PUNERAL DIRECTOR	ichner	APDHESS V X MS
	VS 150					Ruth	17 Mal.

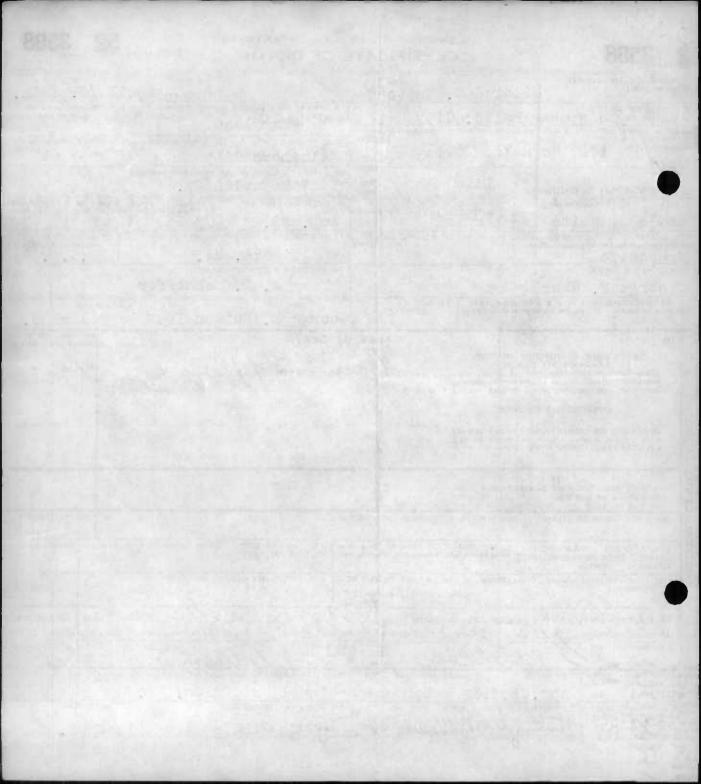
Tell C. Martin - more and

ALLE OF DEATH BALTIMORE CITY HEALTH DEPARTMENT Registered Ro. 359 NAME OF DECEASED 2. DATE (Type or Print) ADAM PAPLANKOS DEATH April 11, 1952 3. PLACE OF DEATH: 10 USUAL RESIDENCE (Where deceased lived, If institution: residence COUNTY A. Baltimore City, Maryland before admission) f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give Baltimore City Hospitals Yrs. (If rural, give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED BIRTH If Under 1 Year last bipthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Givekind of IQB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY BILDA AKEN. VANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KNOW 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no og unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS . (Yes, no og unknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY SKull LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING ERTIFICATION RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING | CAUSE OF DEATH. Hospital Baltimore City Hospitals. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY April NOT WHILE Jumped from second story window 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\Box$ , accident  $\Box$ , suicide  $\boxtimes$ , homicide  $\Box$ , undetermined  $\Box$ . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR 240. LOCATION (City, town, or county) BURIAL, CREMA 24B. DATE 24c. NAME OF YOR CREMATORY TION, REMOVAL (Specify DATE RECEIVED BY LOCAL REGISTRAR



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 3598 1. NAME OF DECEASED 2. DATE (Type or Print) Mildred C. Sutton DEATH April I2, 1952. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland Balto, City B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION I407 Revnolds Street Baltimore City D. STREET ADDRESS (If rural, give location) Yrs. Life Mog I407 Reynolds St. igth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. Female White Aug. 22, Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Baltimore, Md. Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary A. D. Schaeffer George F. Akers 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) | (If yes, giv SECURITY NO. George D. Sutton I407 Reynolds St. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO FICA (C) ... FT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from 4/10/52 , 195 that I last saw the 1/2, 1952 and that death occurred at 3.30 Pm., from the causes and on the date stated above. deceased alive-on 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county)/ 24B. DATE Apr. 15, 1952 Baltimore National Balto, Md. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered NZ 3599

Æ!!	RTH NO.						
	NAME OF Dope or Print)		ose Kow	ralska		2. DATE OF DEATH	lı-13-52
Α.		City, Maryland	Balt	O.	A. STATE Md.	NCE (Where deceased lived, B. COUNTY	If institution: residence before admission)
HC	SPITAL OR STITUTION	231 S. Wash:		location	c. CITY OR TOWN	ore , Md.	nits, write RURAL and give township)
C.	Length of s	tay in Baltimore	80	yrs Yrs. Mos.	231 S.	SS (If rural, give location) Washington Str	
5.	F.	6. COLOR OR RACE	7. SINGLI WID	E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years last digthday)	If Under 1 Year If Under 24 Homs Months Days Hours Min.
		CUPATION (Give kind of f working life, even if retired)		of Business or Sewife INDUSTR		state or foreign country)	12. CITIZEN OF WHAT SOUNTRY?
13.	FATHER'S N		l Mowak	a	14. MOTHER'S MA Maryani		
15 (Yes	. WAS DECEASE, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	Theresa Sch	muskler- 231 S.	ADDRESS Washington Str
	18. 59:	2.X		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does	E OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mea complication which of	TH of dying, e. : ns the diseas	se,	hronic Neph	ritis	2 Vrs
		ANTECEDENT CAUS		i.) DUE TO			
CATION	DISEASES	S OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA	F ANY, GIVING THE	1G	le Arterios	clerosis, Gen iz	eral- 10 Yr.
CERTIFI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT	NOT RELATI	ED			
1		A STATE OF THE PARTY OF THE PAR		FINDINGS OF OPE	RATION		20. AUTOPSY?
CA	21A ACCID	ENT WAS UNDER-	1 21B. PL	ACE OF INJURY (e.g.	in or 21c. WHERE D	ID (If in Baltimore City	y, give exact location)
1EDI		CONTRIBUTING		farm, factory, street, office bldg			
2	D. TIME	(Month) (Day) (Year)		21E. INJURY OCCUR		INJURY OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			50
						April , 19, from the causes and on	
	23A. SIGNA		1/1/	Lous M. D.	238. ADDRESS 3023 Easte		23c. DATE SIGNED 4/14/52
Z4 TIC	A. BURIAL.	DREMA- 24B. DATE pecify)		24c. NAME of CEMET	ERY OR CREMATORY	24D. LOCATION (City, tov	vn, or county) (State)
DA	Buria	D BY   REGISTRAR	5 SIGNATU	JRE HOLY HO	25. FUNERAL DIR	Baltimore, Mo	ADDRESS
LC	DD_1 4 10	RAR	ton 1	Villiams, My		er. Inc. 403 S.	
-	VS 150	J. Janette		and the	3 5 7	-	

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#### CERTIFICATE OF DEATH Registered No. 3600 BALTIMORE CITY HEALTH DEPARTMENT

6	RTH NO.	U		CERTII ICATE	- OI DEATH		
1. (T	NAME OF D		DDD1	ANHOGELICET		2. DATE	1 12 1052
			DREW	ANUCZEWSKI	LA LIGUEL DECEDENCE	DEATH APT1  (Where deceased lived, If	1 13, 1952
	Baltimore (	City, Maryland			A. STATE	B. COUNTY	before admission
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland	(If outside cornerate limi	ts, Write RURAL and give
	STITUTION	Johns Hopkin	e Hoen-	fe.t	Baltimore	(11 outside corpojate inin	township
		Ollis Hopain	d Hoop.	Yrs.	D. STREET ADDRESS	(If rural, give location)	
	enoth of s	tay in Baltimore		Life Mos. Days	516 S. Washi	ngton Street	
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH		If Under 1 Year   If Under 24 Hours onths Days Hours Min.
	Мате	White	Wi	VED DIVORCED (Specify)	12-8-97	54 55	onths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
w 01	r gone garing most	or working life, even it rectred)	3	INDUSTRI	Baltimore		USA
13	FATHER'S	NAME			14. MOTHER'S MAIDE	NAME	
		Michael			Pelagia		
	s, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	F	ADDRESS
					Viola Tribull	same add	ress
	(This does	SE OR CONDITION LEADING TO DEA s not mean the mode of urc, asthenia, etc. It mea	TH of dying, e. ons the diseas	g., (A) Arteric	of DEATH	iovascular Dis	ONSET AND DEATH
		ANTECEDENT CAUS	SES				
z	DISEASE	S OR CONDITIONS, I	F ANY, GIVII	(B)			
10		THE ABOVE CAUSE (A)		HE DUE TO			
A)				(C)			
ERTIFICATION	OTHER	II SIGNIFICANT COND	TIONS CO	N -			
RT	TRIBUTING	G TO THE DEATH, BUT	NOT RELAT	ED			
CE		Control of the last of the las		FINDINGS OF OPER	ATION		20. AUTOPSY?
7		W			THE RESERVE		YES NO
EDICAL	UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., it farm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
S	21b. TIME DF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE	D 21F. HOW DID INJ	URY OCCUR?	
	DI THOURT		m.	WHILE AT NOT WHILE			
	22. I certi	fy that I took char	ge of the	remains described a	bove, held an parti	al autopsy	thereon and from
	the ev	idence obtained by	said Aut	onsu. Inspection or I	nquiry, find that said of the control of the contro	d deceased died on t	he day stated above
	23A. SIGNA		resultea j	rom: natural causes		come 1 -	3c. DATE SIGNED
		(KXD	ishe	м.	.D. MEDICAL INVESTI	AL EXAMINER	4/14/52
2.	4A. BURIAL.	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, town	n, or county) (State)
	Buria	4-17	-52	St. Stanisl		Baltimore, Md	
	ATE RECEIVE	RAR 1		JRE.	25. FUNERAL DIRECTO	3 4	ADDRESS
	APR 141	952 1 Tunto	ngton,	Villama Mes	Lilly & Zeiler	403 SS Wolfe	Street /
V	S 151		0				N

PP95

### MARYLAND STATE DEPARTMENT OF HEALTH

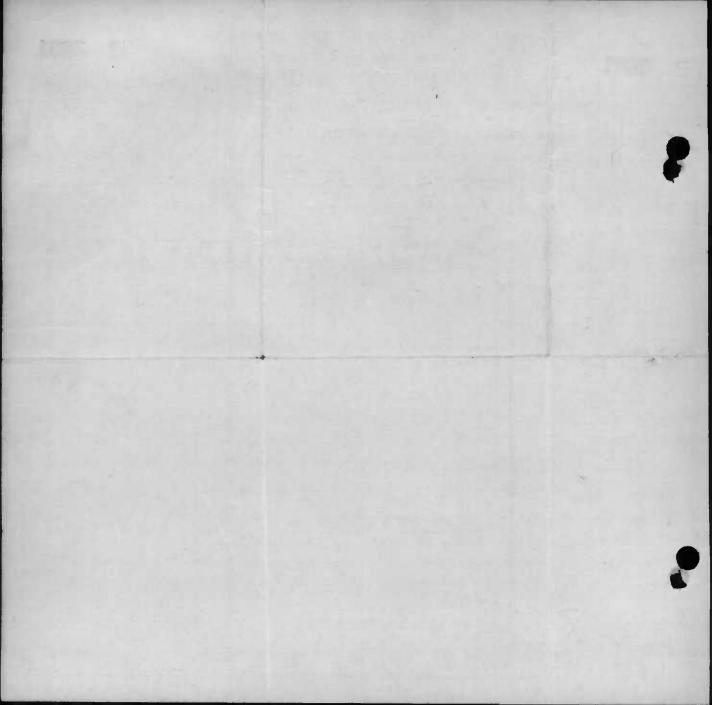
2411 N. Charles Street, Baltimore

52 3601

2411 N. Charles Suber, Dalumore

### CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No	·····
PLACE OF DEATH BALKO MARYLAND CIT (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) TO THE CITY (If OUTSIDE CORPORATION OF STAY (in this place)) TO THE CITY (IN THE CORPORATION OF STAY (IN THE CORPOR	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY  CITY (If outside corporate limits, write RURAL and given the county of the county	William Children
INSTITION OR 2520 heargest are STREET ADDRESS 2520 heargest are  NAME OF OR (First)  OBCCEASED (Type or Print)  SEX  F. 6. COLOR OR RACE (T. SHOLE), MARKIED, WIDOWED, DIVORGED, (Specify)	(Last)  (Last)  (Last)  (A. DATE (Month)  OF DEATH Open  **Example 1. DEATH Open  **Example 2. DEATH Open  **Example 3. D	(Day) (Year) 195 2 1 year   If under 24 hrs Days   Hours   Min.
a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)  FATHER'S NAME Palker Wolfers	II. BORTHPLACE (State or foreign country)   12	CITIEN OF WHAT
. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY No. 28, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Kingon	colled.
Is. MEDICAL CE DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (e)	y ranges	INTERVAL BETWEEN ONSET AND DEATE LLEY,
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  Perchy certify that/Lattended the deceased from	MNW Con Bacolin	ated above. DATE SIGNED
REMOVAL (Specify)  April 5 7 7 6 C. Cl  ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  BEG.		ADDRESS



### ВА

		52 30	8		
	CATE OF DEATH		Registered No.		
W. PA	RKER.	2. DATE OF DEATH 4-12-	5		

BIRTH NO.	3000	C	ERTIFICAT	E OF DEATH		
. NAME OF DE		m 84	PARKE	· p .	2. DATE OF DEATH 4-	12-52
B. PLACE OF DE	EATH: Sity, Maryland	HM SA.	1 on He		DEATH (Where deceased lived, If	
FULL NAME		ital or institution,	give street address or	MARYL	AND- Pa	OT mani
NSTITUTION	11 0/11/15	ni. De	location)	c. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give township)
	UNIUE	3114	Yrs.	D. STREET ADDRESS		2200
Length of st	tay in Baltimore		Mos. Days	107 AL	LEG HANY	AUE-
S. SEX	6. COLOR OR RACE	WIDOWED	ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH 5/6/1880 -	9. AGE (In years last birthday) Mo	Under I Yeer H Under 24 Homs nths Days Hours Min.
k dans during most	CUPATION (Give kind of working life, even if retired		F BUSINESS OR INDUSTRY	MARYC	AND-	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N		100		14. MOTHER'S MAIDEN		
5. WAS DECEASE	C I ARD		(CR_ 6. SOCIAL	CATHER		IEBER-
(or to or unknown)	(If yes, give war or da	tes of service)	SECURITY NO.	Lopital	ecords ^	DDRESS
(This does heart failur injury or DISEASES	LE OR CONDITION LEADING TO DE. not mean the mode re, asthenia, etc. It m complication which ANTECEDENT CAL S OR CONDITIONS, HE ABOVE CAUSE (A	ATH of dying, e. g., eans the disease, caused death.)  JSES  IF ANY, GIVING ) STATING THE	(A)	OF DEATH VOCAR DI	•	ONSET AND DEATH
TRIBUTING	IGNIFICANT COND TO THE DEATH, BU	T NOT RELATED				
19A. DATE O	F OPERATION	19B. MAJOR F	INDINGS OF OPER	RATION		20. AUTOPSY?
	ENT WAS UNDER- R CONTRIBUTINGE DEATH		E OF INJURY (e. g., a, factory, street, office bldg.,		(If in Baltimore City,	yes No give exact location)
ID. TIME (	Month) (Day) (Yea	WHI	E. INJURY OCCURR LE AT ONT WHILE ORK AT WORK			
	y certify that I a	ttended the de	ccased from	1-11 (36)2, to		, that I last saw the
	ive on 4-12	, 19_ <b>3</b> , an		rred at 6 m., fro	m the causes and on the	23c. DATE SIGNED

he ve.

BURIAL, CREMA-REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR

VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 36**03** 

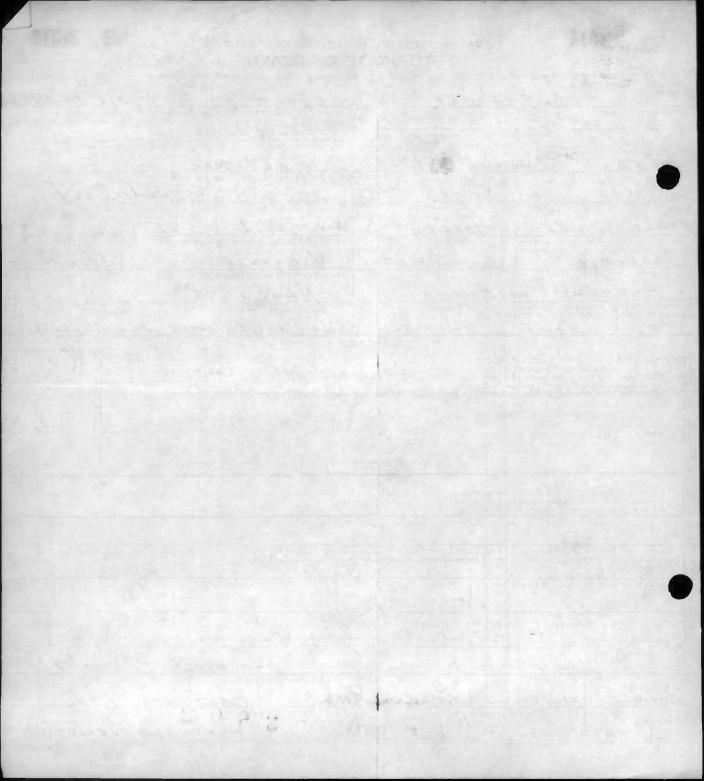
BI	RTH NO.			CERTIFICAT	E OF DEATH	-  Regis	stered No	
1.	NAME OF D	A STATE OF THE PARTY OF THE PAR	F. Farb	er		2. DATE OF	Anril 1	3, 1952
	PLACE OF D Baltimore (				A. STATE	DEATH NCE (Where deceased B. COU	l lived. If instit	
H	FULL NAME OSPITAL OR STITUTION			ion, give street address or location)	c. CITY OR TOWN	(If outside corpor	rate limits, wri	te RURAL and give township)
c.	Length of s	tay in Baltimore		life Yrs. Mos. Days	D. STREET ADDRE	ss (lf rural, give loc Edgegreen A		
	sex nale	6.COLOR OR RACE	7. SINGLE WIDOW	E, MARRIED, YED, DIVORCED (Specify)	8. DATE OF BIRTH	last hirth	years     Undar     Months	Year If Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Givekind of working life, even if retired)  Dental Supply Salesman,  Dental Supply Baltimore, Md.  11. BIRTHPLACE (State or foreign country)  Baltimore, Md.								
	. FATHER'S		unknown	(h)	14. MOTHER'S MA Annie I			
15 (Ye	, no or naknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. 216-07-9039	17. INFORMANT Mrs. A. J. H	Porpora, 3601	ADDRE Edgegre	
CERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO QUELE SULLATION: THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED							Shows
<b>IEDICA</b>	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bidg.,			re City, give e	exact location)
1	? 1D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK		INJURY OCCUR?		
		y certify that I att	, 1957,	and that death occur	rred at fr. m., 23B. ADDRESS 1202 St.	from the causes a  Paul St.,	nd on the do	DATE SIGNED
TI	burial	April 1	6,1952	24c. NAME OF CEMETE  Cathedra	1 Cem.	Baltimore	e, Md.	
	APR 151		ator f	Villiams MSP	6. Lemon			eights Ave.
	VS 150			490	65			

Francisco I O.H. C.			Mar	
	HINGS TO ST			
Ref in the land		Solini. reres	100	
	and according	physical action and the		
	Environ dans			
on cremilization				
		Profesional medical party		
		The state of the s		
	ned .steens			
		Section of the second		

### BALTIMORE CITY HEALTH DEPARTMENT

52 3604

J Ent		DAL	CERTIFICAT	OF DEATH	Register	ed No		
BIRTH NO.			CERTITIOAT	- OI DEATH				
1. NAME OF (Type or Print)	///	xand	ED B	ISENIAER	2. DATE OF DEATH	nail 13 1953		
3. PLACE OF I		AHVIC	10	4. USUAL RESIDENCE A. STATE				
B. FULL NAME	07	al or institut	ion, give street address or	MARYLAN	nd .			
HOSPITAL OR	CH CB.	. 1. +	location)	c. CITY OR TOWN	(If outside corporate l	limits, write RURAL and give		
65-	St. ISENE	=dic/	Yrs.	D. STREET ADDRESS (	If rural, give location	0-03		
c. Length of	stay in Baltimore	55	YRS. Mos. Days	26.5-2 57	t. BENE	dict St.		
5. SEX	6. COLOR OR RACE	7. SINGLE		8. DATE OF BIRTH	9. AGE (In year last birthday)	's It Under I Year It Under 24 Hours Months: Days Hours: Min.		
MALE	white	Mn.	PRIED	Nov. 11, 1876	75	30,000		
Ork done during most	CCUPATION (Give kind of tof working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country;	12. CITIZEN OF WHAT COLUNTRY?		
13. FATHER'S	NAME	STEEL	HABRICATING	14. MOTHER'S MAIDEN	NAME	U. S. 1X		
And	1 - 12	ISEAL	'n = 0	A/O.A.O.I	2			
15. WAS DECEAS	SED EVER IN U. S. ARMEI	SEN FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS		
Yes, no or unknowo	(If yes, give war or date	s of service)	SECURITY NO. 214-05-3002	ROSE MARN BU	ISENDER I	652 St. BENEdicts		
18. 42	2.1			OF DEATH	000/00	INTERVAL BETWEEN		
DISEA	SE OR CONDITION	DIRECTLY	1	111	A .	ONSET AND DEATH		
(This doe	LEADING TO DEAT	f dying, e. g		osclerotic (	ARDIO			
	ure, asthenia, etc. It mea c complication which c		e DUE TO Vasc	w lase Diseo	nse			
	ANTECEDENT CAUS	ES						
DISEASE	S OR CONDITIONS, II	ANY. GIVIN	(B)					
RISE TO	THE ABOVE CAUSE (A)	STATING TH						
2			(C)			***************************************		
OTHER	II SIGNIFICANT CONDI	TIONS SON						
TRIBUTIN	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.D					
		3	FINDINGS OF OPER	ATION		20. AUTOPSY7		
<u> </u>						YES NO		
	DENT WAS UNDER- OR CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore Ci	ity, give exact location)		
D. TIME	(Month) (Day) (Year)	` '	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?			
		m.	WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I gttended the deceased from Merch, 1950, to 4 13, 195, that I last saw the								
	deccased alive on + 1/13, 1952, and that death occurred at 6:15 P.m., from the causes and on the date stated above.							
23A. SIGNA	-) 600	m	M. D. 3	38. ADDRESS	Rickar	23c. DATE SIGNED		
24A. BURIAL,			24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, to	own, or county) (State)		
DATE RECEIVE		S 2	goranne	25. FUNERAL DIRECTOR	ALTIMORE	AØDRESS		
LOCAL REGIS	TRAR H	SSIGNAT	1/11: 150 1055	GEO. L. Seh	1 6.00	FREDERICK.		
VS 150	952 17 Juntes	The state of	I CALALINA-, IN 2.1	000. L. De n	WAD 2101	AVE		
40 (110)		Leff						



# CERTIFICATE CORRECTED 4-15-52

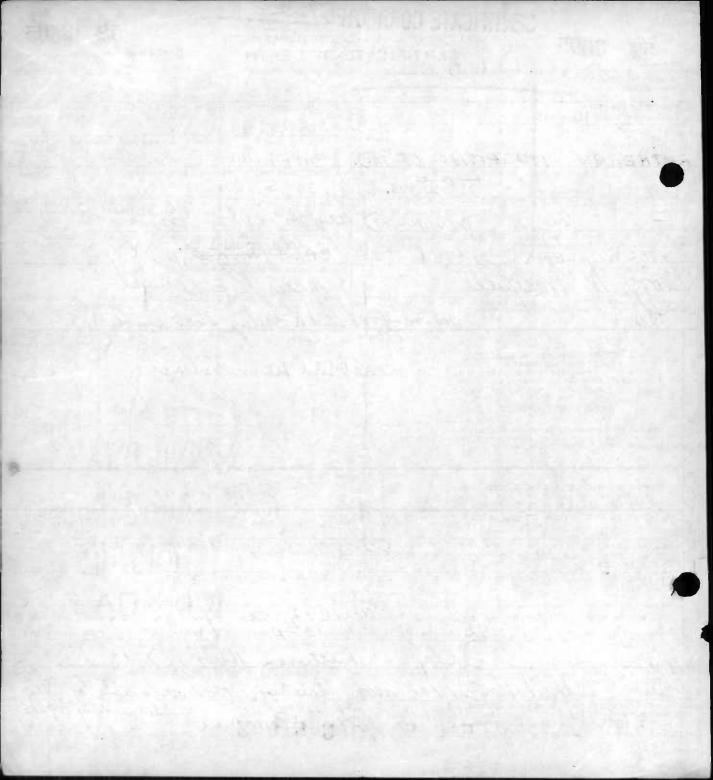
BALTIMORE CITY HEALTH DEPARTMENT

5	2	3	6	0	5
	-		40	-	_

52	3603	CERTIFICATE	OF	DEATH
1 110		 		

BIRTH NO.	E OF DEATH	Registered No.	
I. NAME OF DECEASED (Type or Print) SEELEY		2. DATE OF OFT	il 12,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Wh	nere deceased lived. If inst B. COUNTY	titution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION		utside corporate limits, w	
LUTHERAN HOSPITAL OF MD.	BALTIMOR	E 20-	04 township)
c. Length of stay in Baltimore Little yrs. Mos. Days	D. STREET ADDRESS (If re	I HERINE	51,
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	May Vy" 1887	9. AGE (in years   Month	r l Year   H Under 24 Hours s Days   Hours   Min.
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)  STOCK LERK 5 + 10 + STORE	II. BIRTHPLACE (State of for	Co.	CITIZEN OF WHAT COUNTRY
Glorge N. Wartiels	Mary O	Lowar	
15. WAS SECEASED EVER IN U. S. ARMED FORCES? (Yes, nd or on to own) (If yes, give war or dites of service)  16. SOCIAL SECURITY NO. 14-70-4713	Caul R Selley 3	605 Landbeck	RESS.
	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	bral hemor	haze	4 kras
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
(C)			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK		OCCUR?	
22. I hereby certify that I attended the deceased from Of	ril 12, 1952 to a	nril 12, 1953 t	hat I last saw the
deceased alive on Expel 12, 1952, and that death occur		e causes and on the c	date stated above
Mericine S. Daly M.D.	hutteren Hos	p of Med, 2	4/12/52
100 REMOVAL Specify) Law DATE 245/NAME OF GEMETE	Dulky Noo	CATION (City, toxh, or	6 his
DATE RECEIVED BY   REGISTRAR'S S/GNATURE,	FUNERAL DIRECTOR	1/500 /00	PRESHOTK

VS 150



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.								
	NAME OF D ype or Print)	John L.	Miller			OF April,1	2th 1952		
Α.	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE (WA. STATE	There deceased lived, if Inst B. COUNTY	itution: residence before admission)		
B. H	SPITAL OR	Colonial Nurs	aiorinstitut aino an	ion, give street address or		outside corporate limits, w	rite RURAL and give		
'H	ome, 450	6 Frederick	Ave.	i-Convalescent	Baltimore	91-1	township)		
				Yrs.	D. STREET ADDRESS (If	rural, give location)			
C,	Length of s	tay in Baltimore		Life Mos.	1107 Carroll S	t.			
5.	SEX	6.COLOR OR RACE		MARRIED. ED_DIVORCED (Specify)	8. DATE OF BIRTH		s: Days   Hours 24 Hours s: Days   Hours   Min.		
	Male	White	Marr	ied	Nov. 5th 1863	88			
norh	done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY?		
_		acksmith	Nation	al Paving Co.	Baltimore		U.S.A.		
13	. FATHER'S				14. MOTHER'S MAIDEN NA				
		orge H. Mille			Mary A. Fag	an			
(Yes	. WAS DECEAS:	ED EVER IN U. S. ARMEI (If yos, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS		
	No				Mrs. Johanna Mill	er 1107 Carro	II St.		
	18. 17	7x .		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia etc. It means the disease								
	heart failt injury or	are, asthenia, etc. It mes complication which	ans the diseas caused death				0		
	ANTECEDENT CAUSES								
Z	(B)								
일	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
CATION	UNDERL	YING CONDITION L	AST.						
Ī.		11		(C) .					
ERT	OTHER S	SIGNIFICANT COND	ITIONS CO	N-					
CE		G TO THE DEATH, BUT							
ال				FINDINGS OF OPER	RATION		20. AUTOPSY?		
CA		<u> </u>					YES NO		
EDICA	HOMICIDE	ENT, SUICIDE. (Specify)	about home,	ACE OF INJURY (e. g., i arm,factory,street,officebldg.,	or 21c. WHERE DID (I	f in Baltimore City, give	exact location)		
Ш		40							
	OF INJURY	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR1			
			m.	WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I attended the deceased from 10 - 6,						4-12, 1952,	hat I last saw the		
	deceased a	1 -	_, 19.52.	and that death occur		he causes and on the			
	23A. SIGNA	hu P. Welo	ck, In	м. р. 1	22 <b>7</b> Washington B'	lvd.	4-13-62		
24 TI	AA. BURAL ON REMOVAL (S Burial	CREMA- 24B. DATE Specify:	V	24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town, or			
	Burial	April,1	6"1952	New Cathedra		timore	Md.		
D.	ATE RECEIVE	D BY REGISTRAR	'S SIGNATE	IRE	FUNERAL DIRECTOR		orty Hgts Ave		
41	22 15 19	152 Hunter	glow of	Vitteaus- MXC	Malla Comores	ru 4)10 BIDG	t by ngus Ave		
-	VC VEO		13	- Part of		1	100000000000000000000000000000000000000		

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3607

_							
	NAME OF D		aymon	Cubbage		2. DATE OF DEATH 4/12	/1952
Α.		City, Maryland	res		4. USUAL RESIDENCE	Where deceased lived. If i	nstitution : residence before admission)
В.	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or	waryland		
IN	STITUTION	Bon Secouris	Hosp	ital location)		f outside corporate limits	
		avette St.		23-Md.	Baltimore		township)
		tay in Baltimore		Yrs. Mos. Days	20 2525 Holl	ins St, Balt	o-23-Md.
	Male	6.COLOR OR RACE White	7. SINGLE WIDOW	MARRIED, ED DIVORCED (Specify)	12/31/1899	9. AGE (In years last birthday) Mor	Under 1 Year If Under 24 Hours this Days Hours Min.
1C	dane during most	CUPATION (Give kind of of wurking life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
12		EINT MAKETY	t	XHAUSTFANS	Virginia		<u> </u>
13	FATHER'S			(M)	14. MOTHER'S MAIDEN N		
	James C				Effie Je	nkins	,
(Ye	, oo or uokonwn)	ED EVER IN U. S. ARMEI (If yee, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AE	DRESS
	18. 24	1% .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEAT	гн	Acute	Pulmonary Edem	la	
	heart failu	not mean the mode oure, asthenia, etc. It mea	ns the disease	е,	***************************************	······································	•••••
	injury or	complication which c	aused death.	DUE TO			
		ANTECEDENT CAUS	ES	Ant hm			
Z	ASthma (8)						
0	DISEASES	S OR CONDITIONS, IN	STATING TH	G E DUE TO			
AT		TING CONDITION LA					
10				(C)		***************************************	
CERTIFICATION		11					
2		IGNIFICANT CONDI					
日		TO THE DEATH, BUT					
	19A. DATE C	F OPERATION   1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		0					YES NO T
ĬĊ.	21A. ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., ie	or 21c. WHERE DID (	If in Baltimore City, g	
MEDICAL		R CONTRIBUTING		arm, factory, street, nffice bldg., e			
7	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	D 21F. HOW DID INJUR	Y OCCUR?	
h			m.	WORK NOT WHILE			
	22. I hercb	y certify that I att	ended the	deceased from	1-11 1952 to	4-12 , 195	, that I last saw the
	deceased a			and that death occur	red at 11 2 m., from	the causes and on th	
	23A. SIGNA	TURE	1.		3B. ADDRESS	C 4-	23c. DATE SIGNED
		Juan	Mend	W, D.	20 es W. F	zyello	4-17-51
TIC	NA. BURIAL.	Specify)	5-1407	Call Lau	RY OR CREMATORY 240. L	Balls My	or county) (State)
	TE RECEIVE		SSIGNATU	RE,	25. FUNERAL DIRECTOR	R	ADDRESS
L	ADD 15	1952 +	ton	Villiams, My	Tis & Beyer	9 15/2 Hu	Bulli 23
	VS 150	- June - June		,	10		011-2
	10 100		0	(91	?		Dur - V
				211-	d family		19

A CONTRACT OF THE PARTY OF THE

5.00

	52	3608	BAI	LTIMORE CITY HE	ALTH DEPARTMENT	•	0000
	J. See			CERTIFICATI	E OF DEATH	Registered N	0,
1.	NAME OF I		0 [5	ach	1,3 SH 3/23, ST	2. DATE OF DEATH 44 11	8/59
Α.		City, Maryland	1835	N HOWARD	4. USUAL RESIDENCE (	Where deceased lived. If	nstitution: residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in he	ospital or institut	ion, give street address or location)	c. CITY OR TOWN	If outside corporate limits	, write RURAL and giv
0		no		Life Yrs.	D. STREET ADDRESS (I	f rural, give location)	100
		stay in Baltimor		Mos. Days	835 N. How.		
	M	6. COLOR OR RA	WIDOV	E. MARRIED. VED, DIVORCED (Specify)	2/12/ 1864	9. AGE (In years last birthday) Mo	Under 1 Year   If Under 24 Hours nths: Days   Hours   Min
		CCUPATION (Give ki of working life, even if ret		OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME	19ENE	RAL MCD	14. MOTHER'S MAIDEN		
	toho	v G	110c	h	9		
15 Ye	no or unknown	SED EVER IN U.S. AF (If yes, give war nr	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT  MARY N	A Q h EN . N F	1.4
	18. 47	0./			OF DEATH		INTERVAL BETWEEN
	(This doe heart fail	SE OR CONDITION LEADING TO E s not mean the moure, asthenia, etc. It	DEATH de of dying, e. means the diseas	se,	eary Three	boses	1 bay
	injury or	complication which				0'1	icu
201	RISE TO	S OR CONDITION THE ABOVE CAUSE LYING CONDITION	(A) STATING TO	46	steris ob	unrun	1 1 2
2				(C)		***************************************	
יוו צייי	TRIBUTIN	SIGNIFICANT CO G TO THE DEATH, E DISEASE OR CONDIT	BUT NOT RELAT	ED			
7	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
בונות		DENT WAS UNDE OR CONTRIBUTING DEATH	11.	ACE OF INJURY (e. g., i farm, factory, street, nffice bldg.,		(If in Baltimore City, g	ive exact location)
-	1D. TIME INJURY	(Month) (Day) (Y		21E. INJURY OCCURR WHILE AT WORK AT WORK		RY OCCUR?	
	22 I hove	has contifue that I		denanced from his	reh 2 6 195270 C	april 13 19.0	Wat I last sam th

19 5 Land that death occurred at 20 \_m., from the causes and on the date stated above. deceased alive of

23B. ADDRESS 23c, DATE SIGNED SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

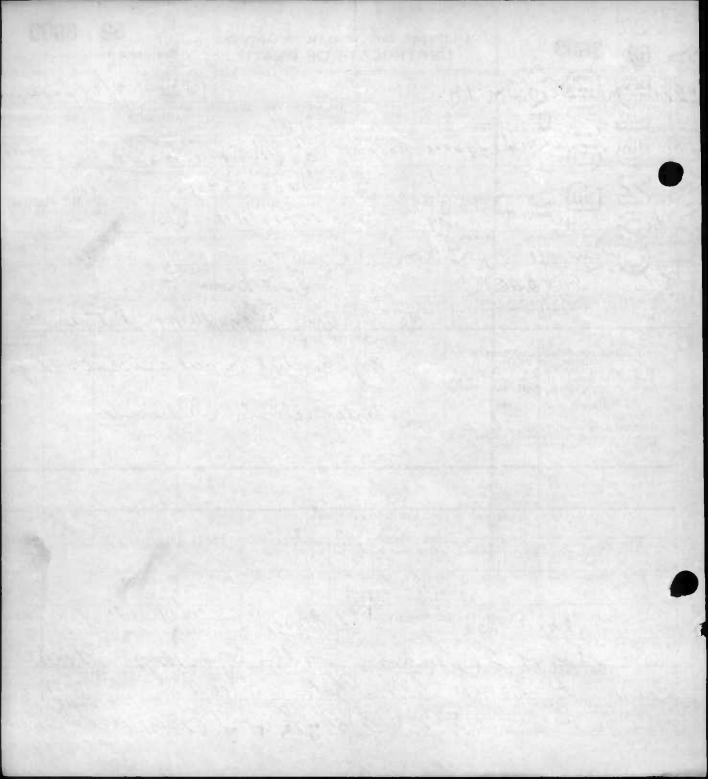
PEDIRK RO OR, LYII ADDRESS WELL WINDSORMILL

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	3609

	OR .	COO
Registere	d No.	

1	NAME OF E	(ALICE) J	mith				TE 4	1/14/52	
3. A.	Baltimore	City, Maryland			A. STATE	ENCE (Where dec	ceased lived. It	institution; residence before admission	on)
	FULL NAME	OF (If not in hospit	al or instituti	ion, give street address or					
	ISTITUTION	Franklin	520	are Hospital	Baltin		corporate limi	ts, write RURAL and g	
				Yrs.	D. STREET ADDR	ESS (If rural, gi	ve location)		
	Length of s	tay in Baltimore	7 CINCIE	Mos. Days	1605	Pataps		Χ.	
	F	W	WIDOW	M. (Specify)	10/17/	1888 63 G	birthday) M	If Under 1 Year onths: Days Hours: Mi	in.
wor!	A. USUAL OC	CUPATION (Give kind of portion) of working life, even if petired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign co	untry)	12. CITIZEN OF	
		touce wife	ar	home	Md.			WHAT COUNTR	(Y7
13	Eli FATHER'S I	Shear	ER		14. MOTHER'S MA	Know	2		
15 (Ye	, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	South 1	505 P	DDRESS M	=
	18. 47	2 1		CAUSE	OF DEATH	J/mus-	9-9 10	INTERVAL BETWEE	EN
	700			CAUSE	OF DEWIH			ONSET AND DEA	TH
		SE OR CONDITION LEADING TO DEA	rH	Pare	cerebral	C	C Carrie	+ 411.	
	(This does	not mean the mode oure, asthenia, etc. It mea	f dying, e.g	., (A)	EUWIIM	vancula	4 augu	my - Tany	7
	injury or	complication which o	aused death	DUE TO					
		ANTECEDENT CAUS	FS		e · 0	+: ( )	0 .		
Z	CT SUPE			(B) Gol	tinocelero	lu (Va	erlar	P.	
TIOI	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	G				***************************************	• • • • •
AT	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E DUE TO					
U				(C)				••••••	
L.		11							-
ERTIF		IGNIFICANT CONDI							
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D [					
				FINDINGS OF OPER	RATION			20. AUTOPSY	-
AL		0						YES NO	
<u>S</u>	21A. ACCID	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE	OID (If in Bal	timore City,	give exact location)	=
MEDI		R CONTRIBUTING	about home, fo	arm, factory, street, office bldg.,	otc.) INJURY OCCU	JR?			
	21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 2	21E. INJURY OCCURR	ED 21F. HOW DIE	INJURY OCCU	R?		
	JI INSORT		m.	WORK NOT WHILE					
	22. I herch	y certify that A att	ended the	deceased from 4	/10 195	2/10 4//	14 195	2, that I last saw t	ho
	deceased a	H/ AA		and Mat degth occur	rred at 1/45 Am.	from the caus		he date stated abou	
	23A. SIGNA	TURE	1		3B. ADDRESS		11	23c, DATE STONE	_
		Token	81%	homberg.o.	Tronglin	Jane V	वरव	1/14/52	
24 TIC	A. BURIAL,	CREMA- 24B. DATE Specify)		24c. NAME OF CEMETE	RY OR CREMATORY	24d LOCATIO	N (9 ty, town	, or county) / (State	e)
	Bures	- Mouls	7/952	blace.	oud	U. U. E	50	mu	
	ATE RECEIVE		SSIGNATU	RE INS	25. EUNERAL DIR	RECTOR		ADDRESS	
11	OR 1513	JE Huerting	hond 1/2	ELL TENOCH WAS	11:12 M	level 8 11	en /40	o & bhacks	4
-	VC 1EO	in in			1 3 1	7			=



3610 52 BIRTH NO.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	25	3610
Registered	No	3 3

1. (Ty	NAME OF D		Villiam	Gayo Sr.		2. DATE OF DEATH 4/12/52
	Baltimore (	City, Maryland			A. STATE	Where deceased lived. If institution: residence B. COUNTY before admission)
в. F	ULL NAME	OF (If not in h	ospital or institut	ion, give street address or location)	Maryland	
	TITUTION					f outside corporate limits, write RURAL and give township)
1	9.	4011 Woo	odlea Ave		Baltimore	1-01
			T • 0	Yrs. Mos.	,	frural, give location)
C.	ength of s	tay in Baltimo		Days   E. MARRIED.	4011 Woodle	9. AGE (In years   If Under 1 Year   If Under 24 Hours
5	M	W		/ED, DIVORCED (Specify)	11/26/1894	last birthday) Months Days Hours Min.
		CUPATION (Give)		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)   12. CITIZEN OF
WOTE	Butch	of working life, even if re	Broad	industry	Hungary	WHAT COUNTRY?
13.	FATHER'S		1 21 0 0.1	(0)	14. MOTHER'S MAIDEN N	
		George G	5.00	(10)	Elizabeth G	OVS
15.	WAS DECEAS	George Ga	RMED FORCES?	I 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes,	no or unknown)	(If yes, give war o	or dates of service)	SECURITY NO.		Gayo 4011 Woodlea Ave.
-	No	No		213.03.1469		
		2X		CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OR CONDITI		0	- P .:	Delatation 2 has
	(This does	s not mean the m are, asthenia, etc. I	ode of dying, e. i	. (A) acu	a consure	Nustation 2 ms.
	injury or	complication wh	ich caused death	DUE TO	1	
		ANTECEDENT C	CAUSES	an 1	neumonilis	
Z	DISEASE	CONCOUNTION		(B)	***************************************	
임	RISE TO T	S OR CONDITION	(A) STATING TH		Tomonic tuboronle	ai al 020 1051
4	UNDERL	YING CONDITIO	N LAST.	(C)	FORET GUDE CHIC	sisl937-1951
<b>.</b>						
ERTIFICATION	OTHER S	II SIGNIFICANT CO	ONDITIONS CO	1.		
	TRIBUTING	S TO THE DEATH,	BUT NOT RELATI	D		
U.		OF OPERATION		FINDINGS OF OPER	ATION	20. AUTOPSY?
A						YES NO P
DICAL		DENT WAS UND		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City, give exact location)
MEI.	CAUSE OF	R CONTRIBUTION DEATH	about nome,	and the source of the second o	W. Macking Cocons	
2	210. TIME	(Month) (Day) (	Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	Y OCCUR?
	INJURY		m	WHILE AT WORK NOT WHILE		
	22. I herel	by certify that	I attended the	deceased from ap	1 5 , 1952, to	yil /2, 1957 that I last saw the
	deceased a	live on april	1/ 1952	and that death occur	red at 2 P m. from	the causes and on the date stated above.
	23A, SIGNA		, 103	2	3B. ADDRESS	23c. DATE SIGNED
		JS Itan	dung	м. р.	3805 Selas	1 Nd gril 14/52
				24C NAME OF CEMETE	RY OR CREMATORY   240.	LOCATION (City, town, or county) (State)
24 TIO	A. BURIAL.	CREMA- 24B, DA	TE	240. NAME OF CEMETE		LOCATION (City, town, or county) (State)
Tio	N. REMOVAL	Specify)	NTE	Parkwood		altimore, Md.
TIO	n, removal () Burisl te receive	Specify)	3/59	Parkwood		
TIO	N. REMOVAL () Burisl	Specify)	3/52	Parawood	25. FUNERAL DIRECTOR	altimore, Md. ADDRESS
TIO	n, removal () Burisl te receive	Specify)	3/59	Parkwood	В	altimore, Md. ADDRESS

In Document.File 52-3610.-there is a letter to
Dr. J. S. Werding from Dr. Silverman, Director
Bur au of Tub reulosis and also reply from
Dr. J. S. Farling authorizing the. fi director

BALTIMORE CITY HEALTH DEPARTMENT 3611 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASE (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (W A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION

52 3611
Registered No
2. DATE OF DEATH 4/14/52
here deceased lived. If institution; residence  B. COUNTY before admission)
outside corporate limits, write RURAL and give township)
ural, give location)
nastery dre
9. AGE (in year Months Days Hours Min.
reign country)  12. CITIZEN OF WHAT COUNTRY?  WAS A
hamberes .
A Stallings margire
INTERVAL BETWEEN ONSET AND DEATH
3days
roen

Yrs. Mos. agth of stay in Baltimore Days 6. COLOR OR RACE SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 15. WAS DECEASED EVER IN U. S. ARMED FOR S. (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT WORK , 195 that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on\_ 1952, and that death occurred at 914 \_m., from the causes and on the date stated above. 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

24c. NAME OF CEMETERY

DR CREMATORY

VS 150

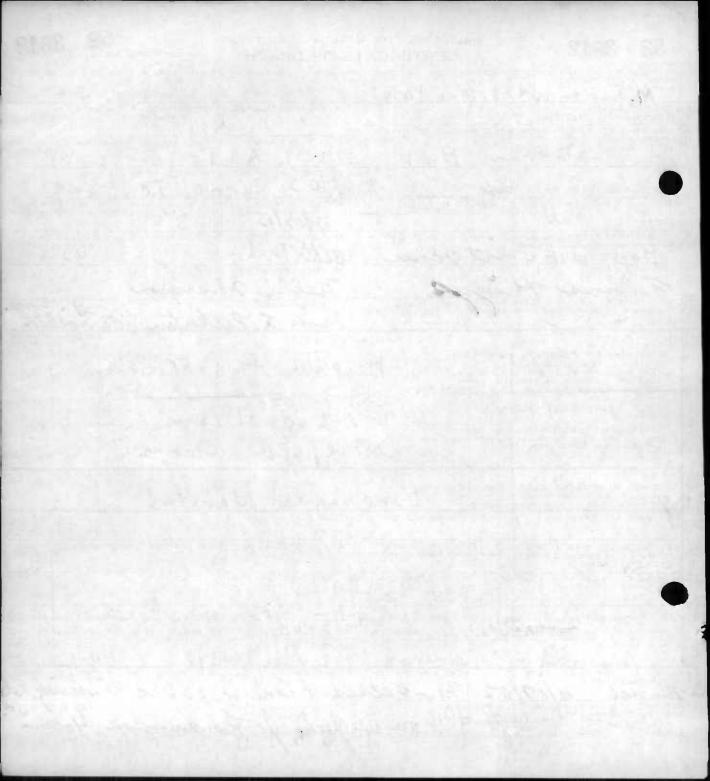
24A. BURIAL, CREMA-TION REMOVAL (Specify)

52	3612
DTIL NO	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

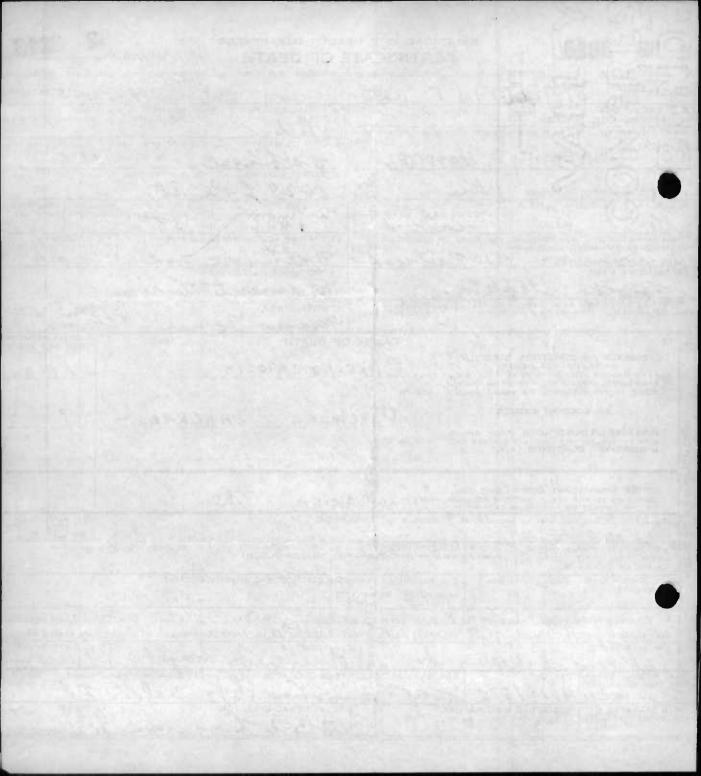
	52	3612
Registered	No.	COTE

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Catherine Pilker Ton	2. DATE OF DEATH Y-13-52
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location INSTITUTION  Luttera Hospital or institution, give street address or location Institution Hospital or institution, give street address or location Institution Hospital or institution, give street address or location Institution Hospital or institution, give street address or location Institution Hospital or institution, give street address or location Institution Hospital or institution, give street address or location Institution Hospital or Institution Hospital Institution Hospit	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Ogth of stay in Baltimore Life Yrs. Mos. Days	
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 2/17/15  9. AGE (In years Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork dooed uring most of worklog life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  10 US C W F C At Home	Balte A d 11. BIRTHPLACE (State or foreign country)  Balte A d 12. CITIZEN OF WHAT COUNTRY?
Thomas Higgs	Nellie Harrison
15. WAS DECEASED EVER IN U. S. ARMED FOR ES 16. SOCIAL SECURITY NO.	James L. Pilkerton Carrollton
18. 5 V / / CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	patie Fusufficipies
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Alcoholism Tepatie Cirrhosis
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	hageal Varices
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF  INJURY  MHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 1962, and that death occur	red at 9:40 m., from the causes and on the date stated above.
Merry J. Comby M.D.	23B. ADDRESS 23C. DATE SIGNED V-/3-5
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 4/17/62 hew lath	edral bene 4300 Oll Frederich Rd
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	John & Conan & Son Hollins
VC 150	



BALTIMORE CITY HEALTH DEPARTMENT 3613 Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE APLETON F. LEO DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION! Yrs. (If rural, give location) igth of stay in Baltimore Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED DIVORGED (Snecify) H Iloder 1 Year AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months | Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND 12. CITIZEN OF done during most of working life oven if retired) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yee, no or unknown) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH RCINOM ATOSES (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES OR CINOMA DANCREAS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-T.B.C. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT = 1952 to 4-12 22. I hereby certify that I attended the deceased from 3 - 19 \_, 1957, that I last saw the deceased alive on 4-12 19.52, and that death occurred at 11 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED

EDICAL

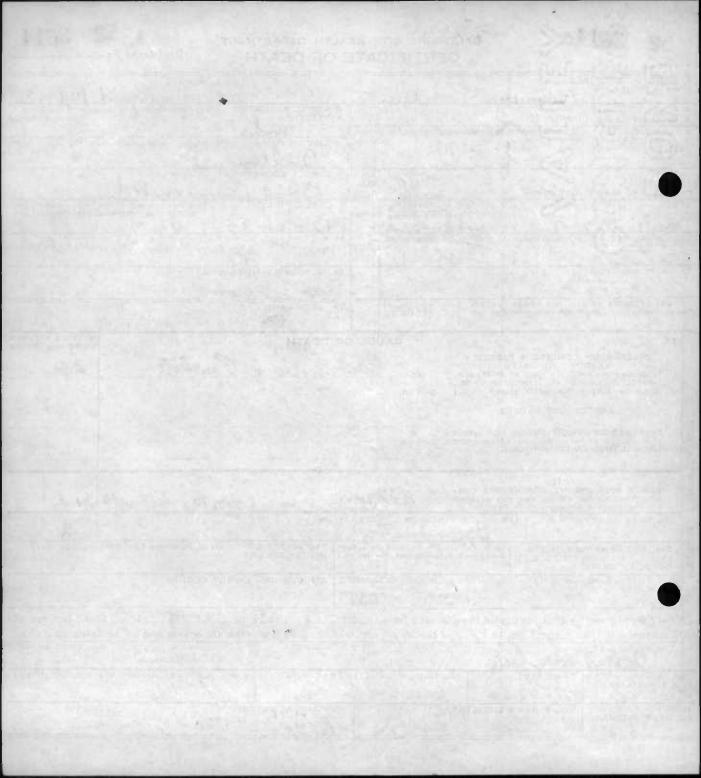


52 3614

Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH ( AA 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased live). If institution residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION HOPKINS HOPKINS HOSPITAL C. CITY OR TOWN (If outside corporate limits, write RURAL and give Yrs. (If rural, give location) D. STREET ADDRESS Mon gth of stay in Baltimore 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE IOA. USUAL OCCUPATION (Givekind of IOB, KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Elired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. HOPKINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Somewie curi . 2 was to antestour to TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION EDICAL 218. PLACE OF INJURY (e.g., in or 2Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE \_\_ 1952 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 4-14, 1952, and that death occurred at 50 m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c, DATE SIGNED 24A. BUMAL, CREMA-TION, REMOVAL (Specify) 24B/DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eounty) (State) Surray ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

APR 15 1052

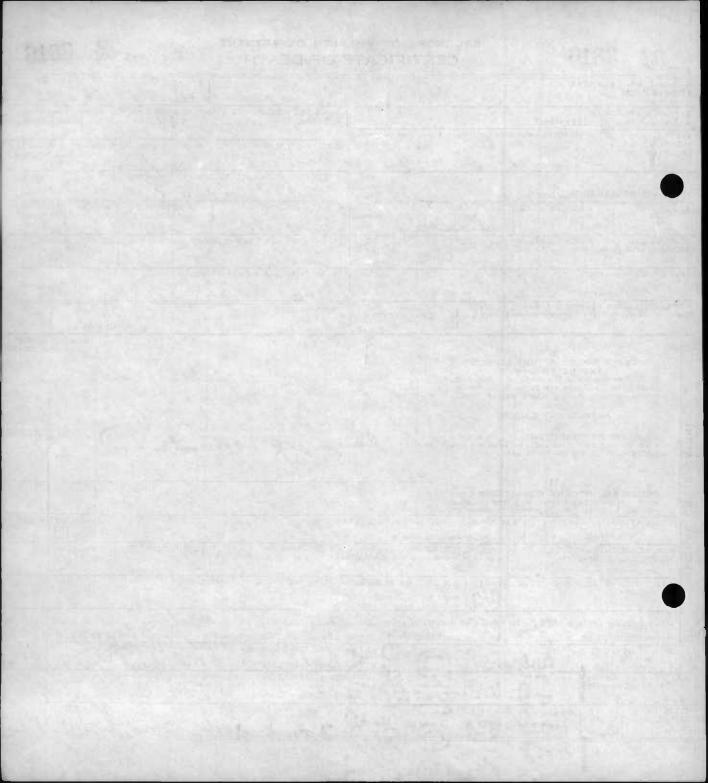


3615 BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) FRECC DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR iocation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) rth of stay in Baltimore 6. COLOR OR RACE # Under 1 Year If Under 24 Hours 7. SINGLE, MARRIED 9. AGE (in years) 5. SEX 8. DATE OF BIRTH last birthday) Months: Days WIDOWED, DIVORCED (Specify) Hours Min. widow 10A. MSUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rork done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY ALO orise we 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH 002 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 19 32 to 4 - 14 -, 19) Lethat I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 4-14, 1952 and that death occurred ab m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED BURIAL, CREMA-24C/NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE REMOVAL (Specify DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

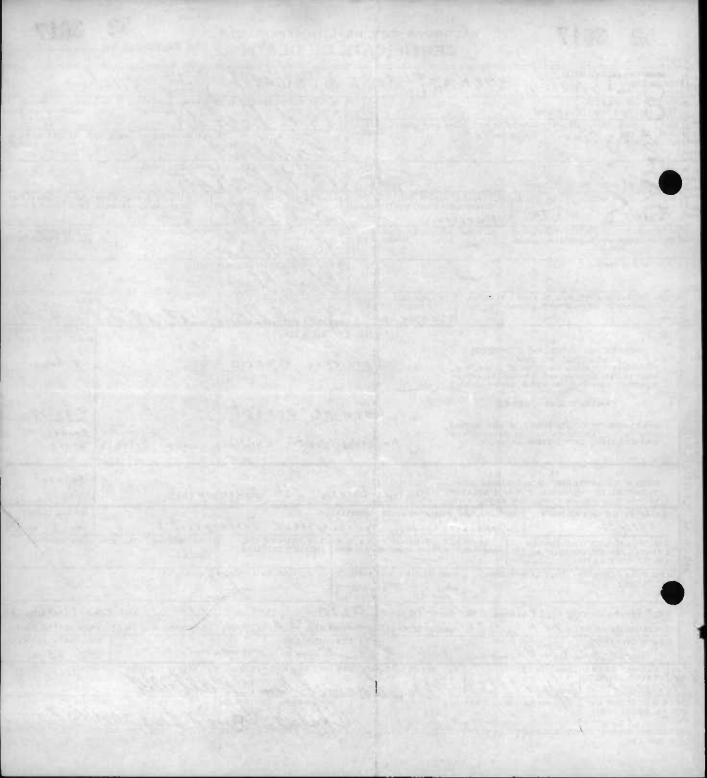
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### BALTIMORE CITY HEALTH DEPARTMENT

BII	52 RTH NO. 5	3616		CERTIFICATI	E OF DEATH	Registered	18E 361	6_
	NAME OF E		- Zn	Miller		DEATH /	11515-2	
Α.		EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived. B. COUNTY	If institution: resid before ad	ence mission)
HC	SPITAL OR STITUTION	Meurias	A A	on, give street address or location)	c. CITY OR TOWN Balliums	(If outside corporate lin		and give ownship)
c.	ngth of	stay in Baltimore	/	Yrs. Mos. Days	3909 Fair	(If rural, give location)		
5.	SEX	6. COLOR OR RACE		E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hour	ler 24 Hours
		CUPATION (Give kind of of working ille, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN O	
13.	FATHER'S	NAME M	llen		14. MOTHER'S MAIDEN	NAME Kal		
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		Same	
ERTIFICATION	(This doe heart fail injury of the control of the c	SE OR CONDITION LEADING TO DEA LITTLE TO THE MODE LES OR CONDITIONS, THE ABOVE CAUSE (A) LYING CONDITION L.  SIGNIFICANT COND LET TO THE DEATH, BUT	TH of dying, e. 1 ons the disease caused death SES F ANY, GIVIN STATING TH AST.	(B) Acres	- intercesses	Listenes Con Trusteni		
IL C		OF OPERATION	9B. MAJOR	FINDINGS OF OPER	1. 1. 1.		20. AUTO	
EDICAL	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)	218. PL	ACE OF INJURY (e. g., in arm, factory, street, office bldg		(If in Baltimore Cit		
M	INJURY		m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK				
	deceased o	alive on 4/15/52	tended the	and that death occur	1/4 152, 19_, to rred at 7:35 2m., from 23B. ADDRESS Union	m, the causes and or	n the date stated	d above.
	23A. 9 GM	red S. Nells	on	M. D.	Baltimore	18 Marylan D. KOCATRON City, to	2 Apr. 151	(State)
TIC	PREMOVAL	Specify) 4-14	-12	Deth Ta	feloh	Halto	Me	
Pro	OCAL REGIS	152 REGISTRAR	glow of	Valbaura My	25! FUNERAL DIRECTO	1 de 2100	Sultain .	Pe
	VS 150	26 1 - 50 00	1 3 12 ya h'	that for				

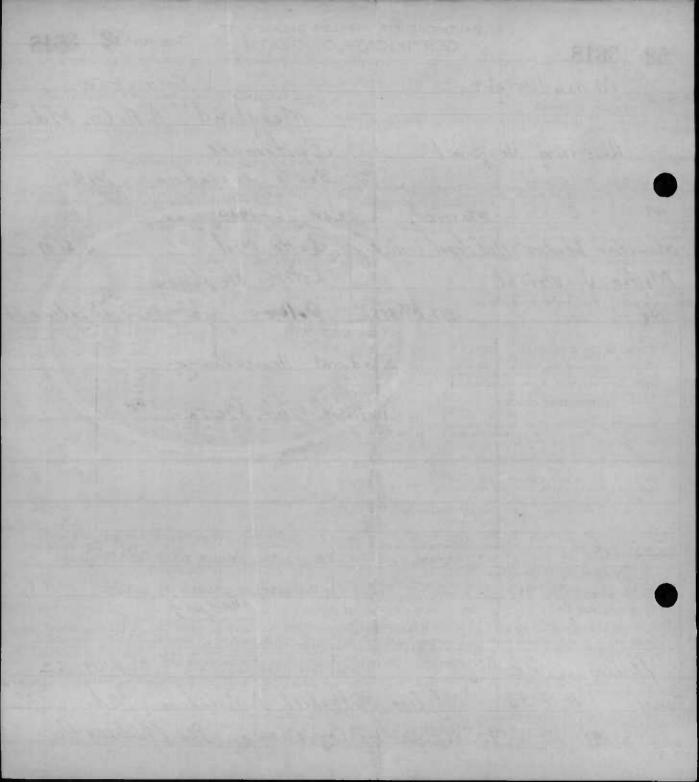


	1. Cas	2011		CERTIFICATI	F OF DEATH	Registered	No.
_	RTH NO.						
	NAME OF Uppe or Print)	SADIED.	BURK	ART SAGIE	A. BURHART)	OF 4/	11/52
A.		City, Maryland			4. USUAL RESIDENCE (Wh	ere deceased lived, I	f institution : residence before admission
H	DSPITAL OR	Singi 1703	al or institut	ion, give street address or location)	C. CIPTOR TOWN (If o	otside corporate lim	its, write RURAL and give
IN	STITUTION				Dalism4	6	-O L township
1				Yrs. Mos.	D. STREET ADDRESS (If )	iral, give location)	
5.	SEX	stay in Baltimore 6. COLOR OR RACE		Days E. MARRIED,	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year   If Under 24 Hours
	Female	White	Marr	PED, DIVORCED (Specify)	nov. 8, 1885	last birthday) M	lonths Days Hours Min.
10 work	A. USUAL OG done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME			14 MOTHER'S MAIDEN NAM	ME	
15	. WAS DECEAS	ED EVER IN U.S. ARME	FORCES?	1 16. SOCIAL	17, INFORMANT		ADDRESS
(Ye	, no or naknowa	(If yes, give war or date	s of service)	SECURITY NO.	Geo. A. Buch	art. 19	ADDRESS W. Port St.
	18. 4 y	v. /		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	ГН	Cam	bral anoxia		11
	heart fail	s not mean the mode oure, asthenia, etc. It mes complication which	ns the diseas	e, (A)	VED - NOXICE	***************************************	7 00455
	mjury or	ANTECEDENT CAUS					,
Z	DICEACE	S OR CONDITIONS, I		( )	diac arrest	••••	4 kours
TION	RISE TO	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	IE DUE TO	sclorotic Cardiovas	/. D.:	Severa!
ICA				(c) /// Terrio	scroporic cararavas	cular Dise	ese Years
ERTIFI	OTHER :	II SIGNIFICANT COND	TIONS CON	4-			Several
CE		G TO THE DEATH, BUT		T. Nephrolith	eases with Hydrone	phosis	Years
	19A. DATE	OF OPERATION 1		FINDINGS OF OPER		1 4%	20. AUTOPSY?
EDICA	9////	DENT WAS UNDER-		ACE OF INJURY (e.g., i	onephrosis, Perinep		give exact location)
		R CONTRIBUTING	about home,	farm, factory, street, office bldg.,	INJURY OCCUR?		2000 0000000000000000000000000000000000
Σ	210. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR		OCCUR?	
			m.	WORK NOT WHILE			
	22. I here	by certify that, I att	ended the	deceased from 3	4 = (= '		; that I last saw th
	deceased a	live on 4/11	, 19 52	and that death occur	red at 6 = Pm., from the	e causes and on	the date stated above
	23A. SIGNA	erbert Che	min	M. D.   -	linai Hapit	al	23c. DATE SIGNED
TIC	BURIAL REMOVAL (	CREMA- Specify	5/52	24C. NAME OF CEMETE	RY OR CREMATORY 24D. YO	CATION (City, tow)	n, or county) (State)
	ATE RECEIVE		SSIGNATU	JRE ,	25 FUNERAL DIRECTOR	wallest .	ADDRESS
L	CAL REGIS	TRAR	-	1/11 1/50	White dla	11	104/0/



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.	0						
	NAME OF DECEA	Hon Wr	ight			2. D	ATE OF EATH 4-13	-52
	PLACE OF DEATH Baltimore City,		0		A. STATE	.1	eceased lived. If i	institution : residence before admission)
H	FULL NAME OF	(If not in hospits	al or institution,	give street address or location)		-	corporate limits	co. Md.
IN	STITUTION Unic	iers by L	Lospita			more	5	township)
	orth of stay in			Mos.	Box 7	Passad		Md.
5.		DLOR OR RACE	7. SINGLE, M	Days  IARRIED, , DIVORCED (Specify)	8. DATE OF BIRT	H 19. AC	SE (In years If	Under 1 Year   If Under 24 Hours nths Days   Hours   Min.
	M	C	Marr	ied	Van-30-	1930	22	9
	A. USUAL OCCUPA done during most of worki		10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	MA	ountry)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	HANKIE!	vra ago	i, was eng	14. MOTHER'S M.	AIDEN NAME		4.3.71.
4.15	Milton V	1. Wrigh	61		Estelle	Stephi	rey	
Ye	, no or unknown) (If	yes, give war or dates		SECURITY NO.	17. INFORMANT	c Wricht	( Ray)	Decelor
	18. E8/2	· et	12.7	CAUSE	OF DEATH	3 WILYNI	Ψοργ	INTERVAL BETWEEN
	DISEASE OF	R CONDITION DING TO DEAT		C .		1		ONSET AND DEATH
	(This does not heart failure, as	mean the mode o thenia, etc. It mea olication which c	of dying, e. g., ns the disease,	(A) <b>Sub.</b> 0	luxal Hex	orchag		·······
	ANTE	ECEDENT CAUS	SES	A. d.	to now	B		
NOL	RISE TO THE A	CONDITIONS, IF BOVE CAUSE (A) CONDITION LA	STATING THE	DUE TO	COLDIA OT	UYAIN	***************************************	
CA				(C)		······		
ERTIF	TRIBUTING TO 1	FICANT CONDITION THE DEATH, BUT E OR CONDITION	NOT RELATED					
U	19A. DATE OF OP	ERATION 1	9B. MAJOR FI	NDINGS OF OPER	RATION			20. AUTOPSY?
SICAL	21a. EXTERNAL OUNDERLYING X	OR CONTRIB-		OF INJURY (e. g., factory, street, office bldg.,	etc.) INJURY OCC	JR?		rive exact location) Drawbridge
Ξ Ξ Ξ	21D, TIME (Month			reet INJURY OCCURR		n Avenue r		LS Creek
	pril 12,	1952 9:0	O Pan. WHIL		x Pedestr	ian struck	by auto	
ı	22. I certify th	at I took ehar	ge of the rea	nains described	above, held an _	Autopsy, Aspect		thereon and from
	and death i	in my opinion	resulted from		s [], accident R	t said decease, suicide . he	d died on the	e day stated above, ndetermined □.
	23A. SIGNATURE	: 1/2	and X		ASSISTANT M	IEDICAL EXAMI	NER 230	C. DATE SIGNED
24	A. BURIAL, CREMA	24B. DATE	240		RY OR CREMATORY		ON (City, town,	or county) (State)
J	Burial	4-11-56	· M	t. Lion Me	thodist	Lussade	na, N	1d.
LC	TE RECEIVED BY	REGISTRAR'S	S SIGNATURE	W. C.A. WEE	25. FUNERAL DIE	PA.	2. Made	con Air
V	S 151	Hinto	glow / Yo	CURLINA, MY	Cycipan	6	- / · / · ua/s	
	N -	8530	U	7/0	91			



BALTIMORE CITY HEALTH DEPARTMENT VMC-158164 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4-11-52 Vernon Sanders 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore City Hospitals INSTITUTION township) Baltimore 4040 Eastern Ave. D. STREET ADDRESS (If rural, give location) Yrs. 818 N. Eden St. c. Length of stay in Baltimore Davs 9. AGE (In years li Under I Year last birthday) Months Days Hours Min. 8. DATE OF BIRTH 6. COLOR OR RACE | 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Dec. 18, 1903 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Tate Charles Sanders 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Records Caltimore City Hospitals 16. SOCIAL 17. INFORMANT SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Pulmonary Edema Secondary to 8 Hrs. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Aspiration of blood from Ruptured injury or complication which caused death.) Esophageal Varices ANTECEDENT CAUSES Cerrhosis of Liver Underter-DISEASES OR CONDITIONS, IF ANY, GIVING mined RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

(Yes, no or unknown) (If yes, give war or dates of service) OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED

U

DICAL

TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21B, PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) . 1952, to 4-11- , 1952, that I last saw the 22. I hereby certify that I attended the deceased from 4-9-1952, and that death occurred at 2:00 Am., from the causes and on the date stated above. deceased alive on 4-11-

23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 4940 Eastern Ave. 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

Burial 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE Chasa G. Copper-512 Carrollton Av VS 150

A) IES I-AFAIR AT SALE SAMPLES THE ASSESSED LAND Selection of the select at the own out the stime it. Service Standard 

52 BIRTH NO. 3620

1. NAME OF DECEASED (Type or Print)

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) Edna Streett	2. DATE OF 41/3/5	2 505
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	Md	1. 7
HOSPITAL OR location)	C. CITY OR TOWN (If outside eorporate limits, w	rite RURAL and give
3026 Kenyon Uve	Salto.	2
Yrs, Mos.	D. STREET ADDRESS (If rural, give location)	2
c. Deligth of stay in Baltimore  Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED,	18. DATE OF BIRTH STAGE IN years If Under	1 Year   If Hadar 24 House
Temala White Widowed (Prooffy)	8. DATE OF BIRTH  6/19/1886  9. AGE (In years last birthday)  Months	Days Hours Min.
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY
House write Own Home	Harford Co. Md.	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Monroe Traced	dillie E. Fletcher	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL Yes, no or unknowo) (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDR	RESS
No m	Mildred Tracey 2904 Clear	POREWHUL
18. 260X CAUSE	OF DEATH	INTERVAL BETWEEN
	and pall l	n Days
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	rehal Vtenunlage	10076
injury or complication which coused death.) OUE TO	and the	04.
ANTECEDENT CAUSES	oreal of the section	2 gram
DISEASES OR CONDITIONS, IF ANY, GIVING	pages paeces	Survey
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(c)		
II		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.	RATION	20. AUTOPSY?
		YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg.,		exact location)
TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
MILE AT NOT WHILE AT WORK AT WORK		
	way 6, 1951, to Gyre 13, 1552 th	
		hat I last saw th
deceased alive on Live 1962 and that death detur		hat I last saw the late stated above
23A. SIGNATURA ( )	rred at 505 h., from the causes and on the d	
23A. SIGNATURELLER (Resemberg M. O.)	rred at 505 m., from the causes and on the d	late stated above 3c. DATE SIGNED 4-14-52
23A. SIGNATURA ( )	rred at 505 m., from the causes and on the d	late stated above 3c. DATE SIGNED 4-14-52
23A. SIGNATURULUM Consulting M. O.  24A. BURIAL, GREMA- PHONAL (STRONG)  24B. DATE  24C. NANE OF CEMETE  15 UTA AL  16/52  16/52	erred at 505 m., from the causes and on the of 23B. ADDRESS 22B. ADDRESS 22O Houfels Be 240. LECATION (City, town, or of the causes and on the of the causes are caused and the cause are caused and the cause are caused and the cause are caused and the causes are caused and the caused an	date stated above 3c. DATE SIGNED 4-14-52 County) (State) (B, Md.
23A. SIGNAT ROLLER COLLEGE M. O. 2  24A. BURIAL, GREMA- 24B. DATE 24C, NANE OF CEMETE	erred at 505 m., from the causes and on the of 23B. ADDRESS 22B. ADDRESS 22O Houfels Be 240. LECATION (City, town, or of the causes and on the of the causes are caused and the cause are caused and the cause are caused and the cause are caused and the causes are caused and the caused an	late stated above 3c. DATE SIGNED 4-14-52
23A. SIGNATURE COLOR M. O.  24A. BURIAL, GREMA- 24B. DATE 24C, NANE OF CEMETE TION REMOVAL SPIRITED TO THE TOTAL AND THE TOTAL A	erred at 505 m., from the causes and on the of 23B. ADDRESS 22B. ADDRESS 22O Houfels Be 240. LECATION (City, town, or of the causes and on the of the causes are caused and the cause are caused and the cause are caused and the cause are caused and the causes are caused and the caused an	date stated above 3c. DATE SIGNED 4-14-52 County) (State) (B, Md.

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.							
1. NAME OF DECEASED (Type or Print) Henry R. Frank					2. DATE OF April 13, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 2013 Eagle Street					4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  Maryland			
C.	Length of st	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 2013 Eagle Street			
5. SEX male 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) married				ED, DIVORCED (Specify)	B. DATE OF BIRTH Dec. 27, 1869	82	Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Butcher					Hungary			
13	. FATHER'S N		ank		14. MOTHER'S MAIDEN NAME  unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ao or unknown) (If yes, give war or dates of service) SECURITY NO.					17. INFORMANT ADDRESS  Joseph Frank, 2013 Eagle Street			
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)						ach Lwork	
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				n			
MEDICAL								
	INJURY	Month) (Day) (Year)		WHILE AT NOT WHILE AT WORK	D .	- J		
TĮ	22. I hereby deceased al 23A. SIGNAT 4A. BURIAL, CON, REMOVAL (SOUTIAL	REMA- 24B. DATE	7,19	and that death occur		he causes and on	the date stated above.  23c. DATE SIGNED  (State)  Maryland	
I LO	ATE RECEIVED OCAL REGIST APR 151	BY REGISTRAR 952 Huntin			25. FUNERAL DIRECTOR		ADDRESS Paul Street	
	VS 150							

SANTE STORY

VS 150

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered 26 3622

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF April 13, 1952 Willie Anna Rich 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RIMAL and give INSTITUTION 417 East 21st Street township) Baltimore o. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore 417 East 21st Street Days 9. AGE (In years last birthday) Months Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) female white Aug. 5. 1889 widowed 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
housewife INDUSTRY WHAT COUNTRY? own home Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas A. Moore Ada 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes. no or unknown) SECURITY NO. Gordon Malone, 417 East 21st Street INTERVAL BETWEEN 18. 470.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILF AT NOT WHILE AT WORK WORK april 13, 1952 that I last saw the Much . 193 0 to\_ 22. I hereby certify that I attended the deceased from\_ deccased alive on and II 1952 and that death occurred at 10 P. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE ŞIGNED 4-12-2 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE tion, REMOVAL (Specify) burial Parkville, Maryland Moreland Park Cemeterv 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR 1217 St. Paul Street

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	362	3	BA	CERTIFICAT			red No	36	23
	RTH NO.			CERTIFICATI	L OI DLAII	1			
	NAME OF D 'ype or Print)		elia Ma	artha Just		2. DATE OF DEATH A	pril 12	, 19	52
Α.		City, Maryland			A. STATE	NCE (Where deceased liv B. COUN	ed. If institu	ution: re	
H	FULL NAME			tion, give street address or location)	c. CITY OR TOWN	(If outside corporate	limits, wri	te RURA	L and give
IN	ISTITUTION	1123 S. Pac	a Stree	et	Baltimore				township)
	Langth of s	tay in Baltimore		Yrs. Mos.	1123 S. Pag	(If rural, give location	on) 21-	01	
	SEX	6. COLOR OR RACE		Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In yes	ars If Under 1		Under 24 Hoers
	female	white	wide	VED, DIVORCED (Specify)	Jan. 23, 1859	last birthda;	y) Months	Days Ho	ours Min.
10	A. USUAL OC	CUPATION (Givekind of	10B. KIN	O OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)		CITIZEN	
	housewife	of working life, even if retired)	own 1	INDUSTRY	Germany			OUNTRY	
13	FATHER'S	NAME	1		14. MOTHER'S MAIL	DEN NAME		0-70	
		arl F. Kretch			Ida Schulteis				
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	ss	
	no				A. Walter Ju	st, 1204 Cleve	eland S	tree	t
	18. 450	.0		CAUSE	OF DEATH				BETWEEN ND DEATH
	DISEAS	E OR CONDITION							
	(This does	not mean the mode ore, asthenia, etc. It mea	of dying, e.	g., (A) Acute	Heart Failure	)		1 D	ay
	injury or	complication which	caused deat	h.) DUE TO					
		ANTECEDENT CAUS	SES	Andrond	osclerosis				
Z	DISEASES	S OR CONDITIONS, 1	F ANY GIVI	(B)	oscierosis	······································	************************		
RTIFICATION	RISE TO T	HE ABOVE CAUSE (A)	STATING T						
S				(C)	***************************************				
E		- 11				3			
FR	OTHER S	IGNIFICANT CONDI	TIONS CO	N •					
ü	TO THE D	ISEASE OR CONDITION	CAUSING	IT					
۲	19A. DATE C	OF OPERATION 0	9B. MAJOF	R FINDINGS OF OPER	RATION			20. AU	
0	21A ACCIE	ENT WAS UNDER-	1 218. PL	ACE OF INJURY (c. g., i	n or 21c. WHERE DI	D (If in Baltimore	City, give e	YES	ation)
MEDICAL		R CONTRIBUTING	about home	farm, factory, street, office bldg.,	etc.) INJURY OCCUR				
1	D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR		INJURY OCCUR?		- 2.75	
			m.	WHILE AT NOT WHILE AT WORK			21/30		
	22. I hereb	y certify that I at	tended the	e deceased from Ja	n. 1, 19 52	to March 12,	1952, the	at I las	t saw the
	deccased a	live on Feb. 15	1952	and that death occur	rred atm.,	from the causes and			
	23A. SIGNA	TURE		10 m 12	23B. ADDRESS		23	C. DATE	SIGNED
		Glass for	rec		730 N. Charle		41	14/5	2
1 TI	4A. BURIAL, ON REMOVAL (S	CREMA- 24B, DATE		24c. NAME OF CEMETE		24D. LOCATION (City,	town, or co	unty)	(State)
11	burial	4/15/5		Western Ceme		Baltimore,		yland	1
P	ATE RECEIVE OCAL REGIST APR 15	RAR REGISTRAR	SSIGNAT	26 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25. FUNERAL DIRE	^		DRESS	
-	APR 15	1952 1 miles	and the	Evillania, My	www. chape	nc. 1217	St. Pau	I Sti	reet
	VS 150								

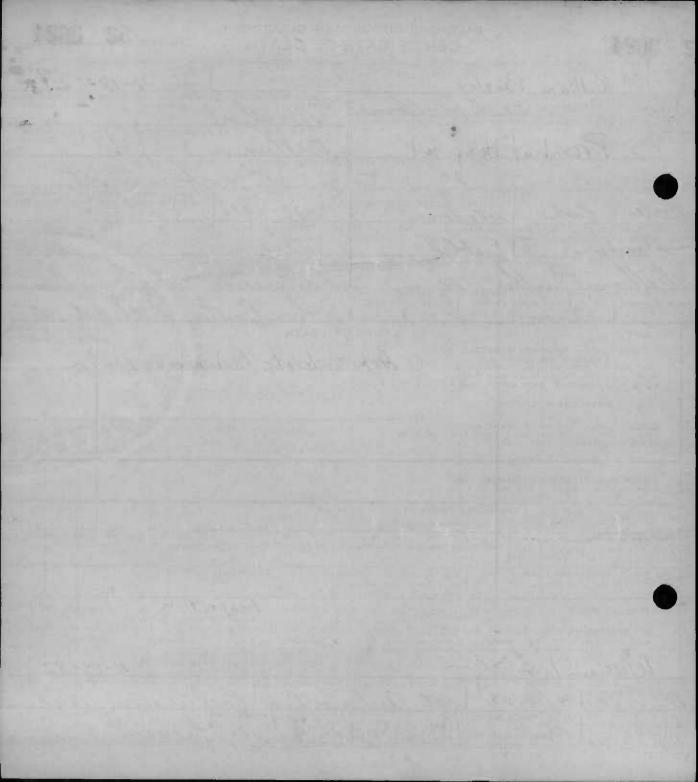
HAT A MEMIRAL EXAMINER'S CASE

Stanlago Duelle

CHIEF G. ASST M. DICAL EXAMINER

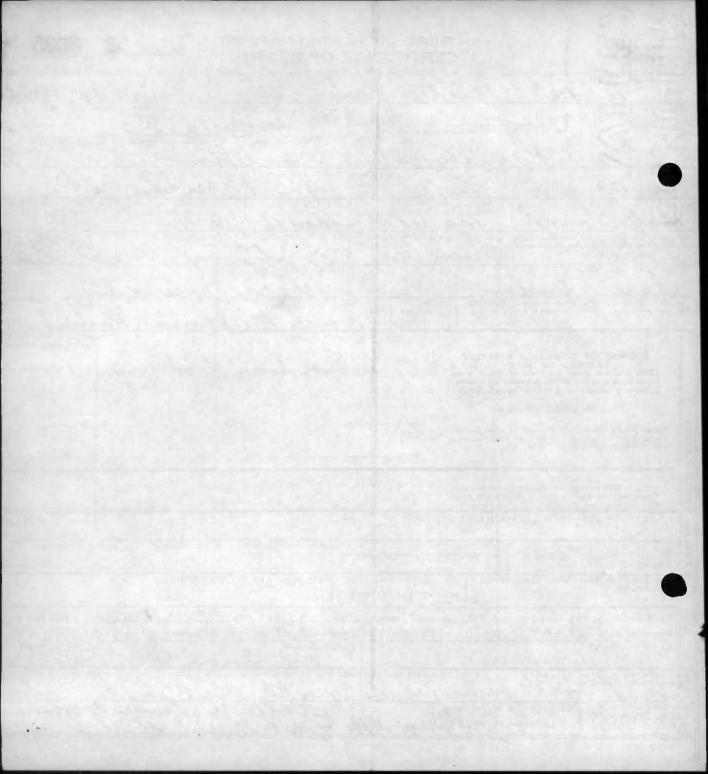
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

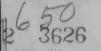
B. PLACE OF DEATH:  a. Baltimore City, Maryland 567 (If not in hospital or institution, green treet address or location)  b. FULL NAME OF (If not in hospital or institution, green treet address or location)  c. CITY OF TOWN (If outside corporate imits, writed the corporate imits and corporate imits.	
B. FULL NAME OF (If not in hospital or institution, give street address or	ution: residence before admission)
HOSPITAL OR (If outside corporate limits, vri	te FORAL and give
Provident Hospital Baltimore	( downship)
Yrs. D. STREET ADDRESS (If rural, give location)	4
th of stay in Baltimore    6. COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   8 AGE (In years)   11 Under 1	Year   If Under 24 Hours
Male Col WIDOWED, DIVORCED (Specify) 11-10-1900 51 52	
	CITIZEN OF WHAT COUNTRY?
Gardener Problec Virginia	
13. FATHER'S NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17 INFORMANT	ESS
(If yes, give war or dates of service) SECURITY NO.	el at
CALISE DE DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) Arkeriosalerata Cardovasular Description	
heart failure, asthenia, etc. It means the disease,	25€
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES  (B)	***************************************
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
UNDERLYING CONDITION LAST.  (C)	
UNDERLYING CONDITION LAST. (C)	
UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	20. AUTOPSY?
UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or 21c, WHERE DID (If in Baltimore City, give of the contribution of	20. AUTOPSY?
UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  21C. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	20. AUTOPSY?
UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bildg., etc.)  UTING CAUSE OF DEATH.  21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK	20. AUTOPSY? YES NO EX
UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. DOWN COUNTRIBUTING OR CONTRIBUTION  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID INJURY OCCUR?  21C. WHERE DID INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) WHILE AT WORK  21D. TIME (Month) (Day) (Year) (Hour) WHILE AT WORK  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  4 WHILE AT WORK  Autorsy, Inspection or Inquiry	20. AUTOPSY? YES No A exact location)  cereon and from
UNDERLYING CONDITION LAST.  (C)  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.)  UTING CAUSE OF DEATH.  21D. TIME (Month) (Day) (Year) (Hour) While ATWORK ATWORK  21D. TIME (Month) (Day) (Year) (Hour) While ATWORK ATWORD ATWORK ATWORK ATWORK ATWORK ATWORK ATWORK ATWORK ATWORK ATWORK	20. AUTOPSY? YES NO Exact location)  creon and from my stated above,
UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldgetc.)  UNDERLYING CONTRIBUTION CAUSING IT.  21B. PLACE OF INJURY (e.g., in or INJURY OCCUR?  about home, farm, factory, street, office bldgetc.)  21C. WHERE DID (If in Baltimore City, give of INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (MONTH) (DAY) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (MONTH) (DAY) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (MONTH) (DAY) (Year) (Hour) 21E. INJURY OCCURRED AT WORK  21D. TIME (MONTH) (DAY) (Year) (Hour) (DAY) (Year) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Y	20. AUTOPSY? YES NO Average No Exact location)  coreon and from my stated above, termined
UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?  About home, farm, factory, street, office bidg., etc.)  1 Injury OCCUR?  21F. HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO Exact location)  cereon and from my stated above, termined ATE SIGNED 3-52,
UNDERLYING CONDITION LAST.  (C)  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION 21B. PLACE OF INJURY (e.g., in or NUTURY OCCUR? 10 INJURY OCCUR? 11 INJURY OCCUR? 12 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	20. AUTOPSY? YES NO Exact location)  coreon and from the stated above, termined  ATE SIGNED  3-52.  Founty) (State)
UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?  About home, farm, factory, street, office bidg., etc.)  1 Injury OCCUR?  21F. HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO Exact location)  coreon and from the stated above, termined  ATE SIGNED  3-52.  Founty) (State)
UNDERLYING CONDITION LAST.  (C)  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION 21B. PLACE OF INJURY (e.g., in or NUTURY OCCUR? 10 INJURY OCCUR? 11 INJURY OCCUR? 12 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	20. AUTOPSY? YES NO Exact location)  coreon and from the stated above, termined  ATE SIGNED  3-52.  Founty) (State)



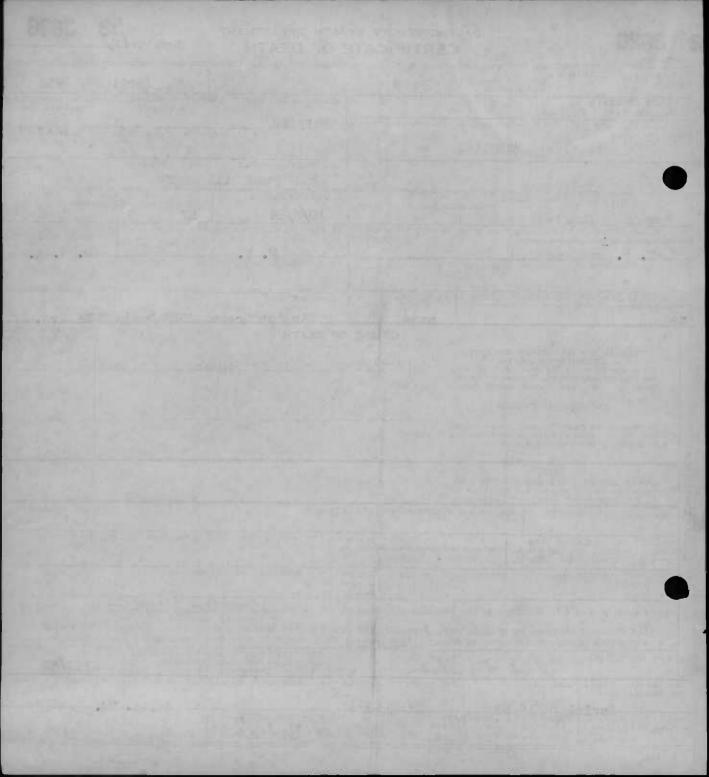
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased if ed. If institution; residence 3. PLACE OF DEATH: B. COUN before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR ocation) outside corporate limits, write RURAL and give INSTITUTION township) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RAC AGE (In years) It Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of SS OR 10B. KIND 12. CITIZEN OF est of working life, even if retired) NDUSTRY aunco 13. FATHER'S NAME EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknowo) SECURITY NO INTERVAL BETWEEN 18. CAUSE 002X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, nathenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE AT WORK 195/to Apail 11 1952 that I last saw the 22. I hereby certify that I attended the deceased from No V. 30 deceased alive on PRIL , 1952, and that death occurred at m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A SIGNATURE 24c. NAME OF CEMETERY OR STRAR'S SIGNATURE DATE RECEIVED BY ADR 15 1952

VS 150





\$ 3626 BIRTH NO.		TIMORE CITY HE	ALTH DEPARTMENT	52 Registered No.	3626	
1. NAME OF DECEASE (Type or Print)		CPEEN		2. DATE OF April 1	3 1952	
3. PLACE OF DEATH:	FLORENCE	GREEN	4. USUAL RESIDENCE (			
HOSPITAL OR	Iaryland If not in hospital or institution vident Hospital	on, give street address or location)		f outside corporate limits, wi	7	
ength of stay in	Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (III			
		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthdny) Months		
10A. USUAL OCCUPAT work done during most of working		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)   12.	WHAT COUNTRY?	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	ADD	FEE	
(Yes, no or unknown) (If ye	es, give war or dates of service)	SECURITY NO.		n 2550 Druid H		
Z DISEASES OR C RISE TO THE ABC UNDERLYING COLUMN OTHER SIGNIF	I CONDITION DIRECTLY ING TO DEATH ean the mode of dying, e. g enia, etc. It means the disease cation which caused death CEDENT CAUSES  ONDITIONS, IF ANY, GIVIN DVE CAUSE (A) STATING TH CONDITION LAST.  II ICANT CONDITIONS CON HE DEATH, BUT NOT RELATE OR CONDITION CAUSING IT	(B) (C) (C)		vascular Diseas		
U 19A. DATE OF OPE	RATION 198. MAJOR	FINDINGS OF OPER	RATION		YES NO X	
21A. EXTERNAL CAUNDERLYING CAUSE	OF DEATH.	CE OF INJURY (e. g., i erm, factory, street, office bldg.,	etc.) INJURY OCCUR?	(If in Baltimore City, give	exact location)	
F INJURY		WHILE AT NOT WHILE AT WORK		RY OCCUR?		
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes , accident . suicide . homicide . undetermined  23A. SIGNATURE    ASSISTANT MEDICAL EXAMINER						
24A. BURIAL. CREMA- TION, REMOVAL (Specify)  Buri- DATE RECEIVED BY LOCAL REGISTRAR APR 15 1952	24B. DATE  1 4/16/52  REGISTRAR'S SIGNATU	24c. NAME OF CEMETE	25. JUNERAL DIRECTOR	LOCATION (City, town, or o	DDRESS	
V S 151	. 0		Ones	stman	- SAV	



656	EALTH DEPARTMENT 52 3627
CERTIFICATI	
Type or Print)	2. DATE OF DEATH 4-12-52
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Md B. COUNTY before admission)
s. FULL NAME OF (If not in hospital or institution, give street address or location)  NSTITUTION  Univeristy Hosp.	c. CITY OR TOWN (If outside corporate limits) write AURAL and give township)
Yrs. Length of stay in Baltimore Life Mos. Days	D. STREET ADDRESS (If rural, give location) 1100 Woodyear St.
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year last birthday) Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of prk done during most of working life, even if retired)  H. W.	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
3. FATHER'S NAME Win Allen	14. MOTHER SMAIDER CIAME Hazel Stewart
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16s, no or unknown) (1f yes, give war or dates of service)  10. SOCIAL SECURITY NO.  10. NONE	17. INFORMANT Vernen Turner 1100 Woodyear St.
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the discretion of the injury or complication which caused death of the total of the complication which caused death of the complex of the caused death of the complex of the caused death of the cause	i lu shnis:  Slomendo Mepherfis 2 3 who
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	ia. Acid-bere-Bolon-
198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., CAUSE OF DEATH	
TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR   WHILE AT   NOT WHILE AT   WORK   AT WORK	
	rred at 6:15 A.m., from the causes and on the date stated above 230. ADDRESS  23c. DATE SIGNED
24A BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETE 12N, REMOVAL (Specify) 24/12/52 Mt Auburn	Balto Md. (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE  APR 5 332 Huntington Williams Mr.	25. FUNERAL DIRECTOR ADDRESS Geo. G. Kelson 1303 Presstman St.
VS 150	Des & Kelson

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NAME OF TAXABLE PARTY.	2	5,	4	_	
2	31	35	301	5755	4
BIR	TH N	0.	3		

George Washington

1. NAME OF DECEASED

3. PLACE OF DEATH:

(Type or Print)

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4-14-52

2. DATE

DEATH

4. USUAL RESIDENCE (Where deccased lived. If institution: residence A. STAT A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimere City Hespital scation C. CITY OR TOWN (If outside corporate infit), write RURAL and give INSTITUTION 4940 Eastern Ave. township Baltimere D. STREET ADDRESS (If rural, give location) Mos. 27 M. Carey St. igth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) WIDOWED DIVORCED (Specify) Months Days Hours Min. last birthday) Mall a Negro Sept. 1, 1991 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Ma. none U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Washington Henrietta ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. B. C. H. Records, 4940 Eastern Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Congestive Heart Failure (This does not mean the mode of dying, e.g., 2 days ? CAL heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arteriescleresis Years CERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION \_ 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT WORK AT WORK 3-18-52 . 19 to April 14 , 19 52 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on April 1419 52, and that death occurred at 4.15M., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 1940 Eastern Ave. 4-14-52 24B. DATE 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Mt Calvary Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR meling VS 150 es. H. Kelson

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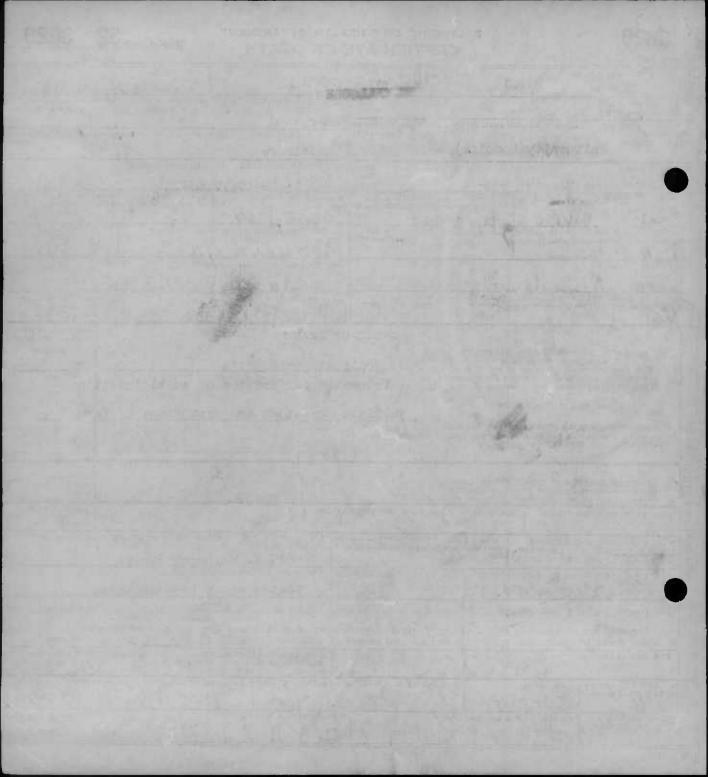
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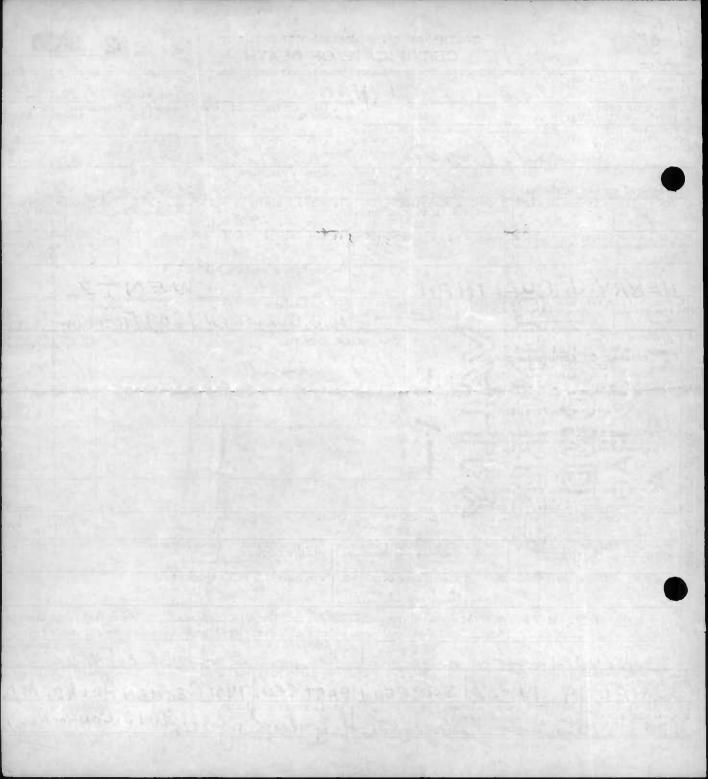
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e St. Kelacoci

	3629			BAI	CERTIFICAT	E OF DEATH		Registered 1	7°Z	3629
III aa	BIRTH NO.			/A A A						
	. NAME OF D Type or Print)	ECEASED	MAGG	IE	NOLLEY			ATE OF EATH Apri	1 13	, 1952
	B. PLACE OF D. Baltimore (		and			4. USUAL RESIDER	NCE (Where	eceased lived. If B. COUNTY	instituti b	on: residence ocfore admission)
	FULL NAME	OF (If not	ın hospita	l or institu	tion, give street address of location				-	17
	NSTITUTION	Univer	sity H	ospita		Baltimore	(If outsid	e corporate limi	s, write	township)
-					Yrs.	D. STREET ADDRES	SS (lf rural.	give location)		-
	ngth of s	tay in Balt	imore		Mos. Days	610 U M.31				
	5. SEX	6.COLOR o		WIDOV	E. MARRIED. VED, DIVORCED (Specify	8. DATE OF BIRTH	9. A	GE (In years st hirthday) M	II Undar 1 Yes	ar II Under 24 Hours Live Hours Min.
_	Female	Color		DIA	orcod	100,10,170	7'7	U	1 40 6717	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	OA. USUAL OC ork done during most	of werking life, eve		10B. KINI	D OF BUSINESS OR INDUSTRY	Pichuau	d Va	country)	WH	TIZEN OF
	3. FATHER'S	NAME	11			14. MOTHER'S MAI	DEN NAME			
	Leroy	MECA	los	eh		Lucind	cz Da	LVIS		
	5. WAS DECEAS		S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1 .	A	DDRESS	2709
	No					HILLIAN TO	DINSON	M	oshe	n Sti
	18. E 98					OF DEATH			ON	ERVAL BETWEEN
		SE OR CON LEADING	TO DEAT	H		lized Peritoni	1+10			
	heart fails	s not mean the re, asthenia, complication	etc. It mean	ns the disea	ea.	natic perforat		small int	estir	ne
		ANTECEDE	NT CAUS	ES						
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	RISE TO	S OR CONDI THE ABOVE CA YING COND	AUSE (A)	STATING T						
1	S CARDEAL	THE COLL			(C)		*******************************			
MOIT A DIAITED	OTHER S	SIGNIFICAN	CONDI	TIONS CO	N-					
0	TRIBUTING	S TO THE DE	TH, BUT	NOT RELAT	ED					
1		OF OPERATIO	ON 15	B. MAJOF	FINDINGS OF OPE	RATION				O. AUTOPSY?
-				I 21a Bi	ACE OF INJURY (e.g.,	in or   21c. WHERE DI	ID (If in I	Baltimore City,		et location)
2	E TOTAL DISEASE OF THE	G A OR CO	ONTRIB-	about home.	farm, factory, street, office bldg.	,eto.) INJURY OCCUP	R?			
	21D. TIME	(Month) (Da		1	21E. INJURY OCCURE			ry Street		
	F INJURY	4/12/52			WHITE AT THE WAY WHEN I			dy and h	head	
					remains described	above, held an	autop	зу	ther	con and fron
					opsy, Inspection or	A	Autopsy, Inspec	tion or Inquiry	he day	stated above
	and de	eath in my	opinion	resulted	from: natural cause	es $\square$ , accident $\square$ , s	suicide 📋, 🛚	omiciae X,	undeter	$minea \sqcup .$
	23A, SIGNA	TURE /-	ZNA		0.0	238 CHIEF ME ASSISTANT ME	DICAL EXAM	INER 2	3c. DATI	E SIGNED
-	24A. BURIAL.	CREMA- 24B	DATE	10	24C NAME OF CEMET	M.D.   MEDICAL INVE		ION (Oity, town	or coun	(Style)
15	24A. BURIAL, 10N, REMOVAL (	(ceify)	11/17	1950	911 Cas	vary Cem.	Clase	1 Hill		MIM
9	DATE RECEIVE		ISTRAK	SIGNAT	URE	25 UNERAL DIRE	ECTOR	1	ADDR	ESS \$ Each
	LOCAL REGIST	1351 +	to the	45	Mar. O O	mas Kit	R.W.	liams.	Sch	order St
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1	SOUL DENTIFICAT	E OF DEATH	Registered No.	3630
:	BIRTH NO. 1 x - 0 1 1 2		12.2.2.2	
	1. NAME OF DECEASED Baby Sirl CULLIN		OF Apr/	1,1952.
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If insti- B. COUNTY	tution : residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location		outside corporate limits, wr	ite RURAL and give
	INSTITUTION University Hospital	Balte	imore of.	township)
	c. Length of stay in Baltimore	1609 N. Fr		
=	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years   Months	
_	FIW 5	ager 11, 1952		1 30
	10A. USUAL OCCUPATION (Give kind of or ork done during most of working life, even if retired)  New Loru	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME	0 0 //
_	HENRY U. CULLINAN		WENT	2
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDR	ESS
-	no	H. J. CULLINAI		DOM WAY
I	18. 776 X CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- turit		11. 31 .
	(This does not mean the mode of dying, e.g., (A)			
	ANTECEDENT CAUSES			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)			
I	(C)			
	OTHER SIGNIFICANT CONDITIONS CON-			
I	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
1				YES NO
	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office hidg.		f in Baltimore City, give	exact location)
	1D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
	INJURY WHILE AT NOT WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deccased from.	30 my 852 to	april , 1952, th	at I last saw the
	deceased alive on, 19, and that death occu			
	23A. SIGNATURE	23B. ADDRESS	losito 2	C. DATE SIGNED
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY   2AD. L	OCATION (City, town, or e	ounty) (State)
	BURIAL H-14-52, SACRED H	EART CEM. 740	I GERMAN HI	LLRD, MD.
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	1 401 CA	DRESS NKLING ST
	APR 15 1952 Huntington Williams, M.	Haharles & 12	elly TO I SICO	NKLING 37
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### BALTIMORE CITY HEALTH DEPARTMENT

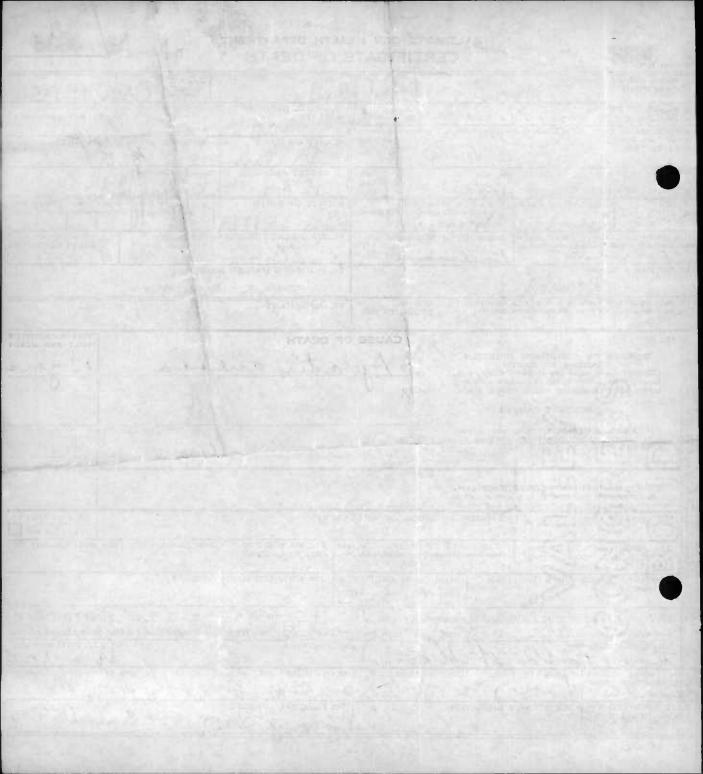
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	2021
1. NAME OF DECEASED	uinn SR.		2. DATE OF DPD I	2 1957
a. Baltimore City, Maryland		4. USUAL RESIDENCE (W	DEATH here deceased lived, If insti	itution : residence before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR LUTH ENA	al or institution, give street address or location)	C. CITY OR TOWN (If C	outside corporate limits, wr	rite RURAL and give township)
c. Ogth of stay in Baltimore	Yrs. Mos. Days	A A 3 A 4 11/-	eural, give location)	# 2 ~
5. SEX 6. COLOR OR RACE	7. SINGLE, (ARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years if finder last birthday) Months	
10 A. USUAL OCCUPATION (Give kind of ork done dring most of corking life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	BALTIMO	reign country) 12.	CITIZEN OF WHAT COUNTRY?
JOHN QU	INN REFINENT	14. MOTHER'S MAIDEN NA	LE FU	NK.
15. WAS DECEASED EVER IN U. S. ARMED Yee, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT  8 ANNA M. QUIN	23357.77	ELENA AV
DISEASE OR CONDITION I LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca  ANTECEDENT CAUSI  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) I UNDERLYING CONDITION LAS	f dying, e.g., (A)	sevo	nary edem	4
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT IN TO THE OISEASE OR CONDITION	NOT RELATED	ro schler	0815	
19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in Baltimore City, give	exact Iocation)
NJURY (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE  WHILE AT NOT WHILE  MORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
deceased alive on 4-1	ended the deceased from	red at 9:20 Pm., from th	4-13, 1967, the causes and on the d	at I last saw the
23A. SIGNATURE	Pembro M.D. 2	Luth Ho	mp.   23	3c. DATE SIGNED
TION REMOVAL (Specify)  BURIAL APR.	1952 NEW CATH	EDERAL 430	O OLD FREDA	equity) (State)
DATE RECEIVED BY REGISTRAR'S	Ton Williams My?	35. EUNERAL DIRECTOR	1,9015,8	PRESS

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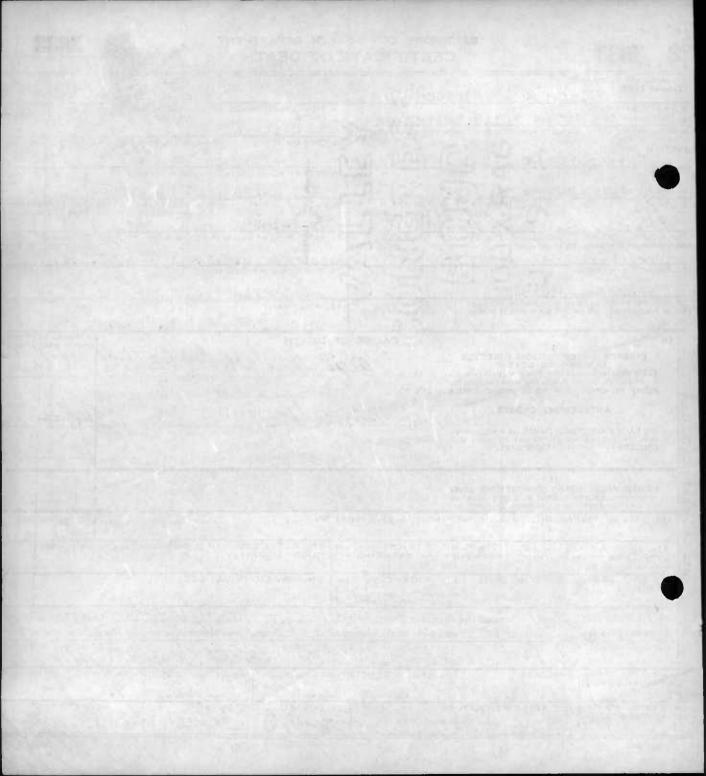
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BIKTH NO.									
1. NAME OF (Type or Print)	DECEASED	Janie &	B	ed l	ha		ATE OF EATH	21 11 10	152
Baltimore	City, Maryland	Balto	. citos		4. USUAL RESIDEN	ICE (Where d	eccased lived.	f institution presi before a	idence dmission)
B. FULL NAME	OF (If not in hos	pital or instituti	on, give street	address or location)	C. CITY OR TOWN	(If outside	somonat limi	its Will KURAI	
INSTITUTION		KINS HOSP	ITAL		Batt	mare	6		township)
c. Length of	stay in Baltimore	Site	,	Yrs. Mos. Days	D. STREET ADDRES	~	rive location)	4	
5. SEX	6. COLOR OR RAC	E 7. SINGLE	MARRIED.		8. DATE OF BIRTH	9. A	GE (In years	Il Under I Year If U	idel 24 Hours
make	Colored	mo	mied		Dec 25, 18	193 3	8		
ork done during mod	CUPATION (Give kin- or working life, even if retir	dof 10B, KIND	OF BUSINES	SS OR	11. BIRTHELACE (Sta	ate or foreign o	ountry)	12. CITIZEN	
13. FATHER'S	NAME	Tull	golden	- 60	14. MOTHER'S MAIL	DEN NAME	co, ma	19101	7.
	David				Lina	Sh	A CA DA		
15. WAS DECEAS	ED EVER IN U. S. AR!	MED FORCES?	16. SOCIAL SECURI	TY NO.	17. INFORMANT		9	ADDRESS	
710					200	DATE OF	HOSPI AL		
18. 29	2.4		C	AUSE	OF DEATH		•	ONSET AN	
	SE OR CONDITION LEADING TO DE s not mean the mod	EATH		An	lostie a	ulm	a	134	ear
heart fail	ure, asthenia, etc. It n eomplication which	neans the disease	е,	0		***************************************	****************		
	ANTECEDENT CA	USES							
DISEASE	S OR CONDITIONS	, IF ANY, GIVIN	G	• • • • • • • • • • • • • • • • • • • •	***************************************	*******************	***************************************		
UNDERL	THE ABOVE CAUSE (	A) STATING TH LAST.	E DUE TO						
			(C)				•••••••••••		
	II SIGNIFICANT CON								
TO THE E	G TO THE DEATH, BUDISEASE OR CONDITI								
J 19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS (	OF OPER	ATION			YES V	NO
LYING	DENT WAS UNDER		CE OF INJUR				altimore City,	give exact local	cion)
	(Month) (Day) (Ye	ar) (Hour)   2	21E. INJURY	OCCURRI	ED 21F. HOW DID I	NJURY OCC	UR?		
INJURY		m. v	WORK	NOT WHILE					
22. I herel	by certify that I	attended the		13	-11 , 1952,	to 4-1	, 195	that I last	saw the
	dive on 4-11		and that dec		red at 4.45 Pm., 1	rom the car	ses and on		
23A SIGNA	trouble	in Win	llians	M. D. 2	3B. ADDRESS	PKINS HO	SPITAL	ANN. J	
24A. BUDIAL.	CREMA- 24B. DATE Specify)	- 5-	4c. NAME OF		RY OR CREMATORY	BLO I	ON City, town	n, or county)	State)
DATE RECEIVE	ED BY REGISTRA	R'S SIGNATU	RE		29. FUNERAL DIREC	OR	V	ADDRESS	Jan A
APR 15	1952 Humi	tingstone 1	Villians	in Mist	Chory WA	hoon 1	MA	wally	TOP
VS 150		0		CA) AM	0			U	
				0 31					



4-7	25
52	3633
BIRTH	NO.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE 0F 4/14/52/
Clarence Bloxom	DEATH 7/12/3
s. PLACE OF DEATH:  A. Baltimore City, Maryland Balto, City	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland (forwards compared for the provide pr
INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write HUHAL and give township)
University Hospital	Reltimore
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 40 Yrs. Mos. Days	724 North Fremont Avenue
5. SEX 6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min.
WIDOVED DIVORCED (Specify)	May-4-1898 554 Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
rork done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?
Preacher Church	Accomac Co. Va. IU.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Bloxom	Katherine Bloxom
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Annie Bloxom 724 N.Fremont Ave
18. 32/V CAUSE (	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	pertensioni Gears
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?
<b>∢</b>	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bidg., c	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINGURY  NOT WHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4	11/1 2 19 , to 4/12/19 , that I last saw the
	red at 3 45 A.m., from the causes and on the date stated above.
deceased alive on 4/11/19, and that death occur	38. ADDRESS 23c. DATE SIGNED
Kogel D. Seath M.D.	University Hospital 4/1/2
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240 LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify) 4/16/1952 Mt Calvery	Cem. Brooklyn Md.
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	28. HUNERAL DIRECTOR / ADDRESS M
APREGISTRASS HILL TONE WILL COM ME	Egisty & Wilson 1000 Brently
VS 150	ONG.
0 98	



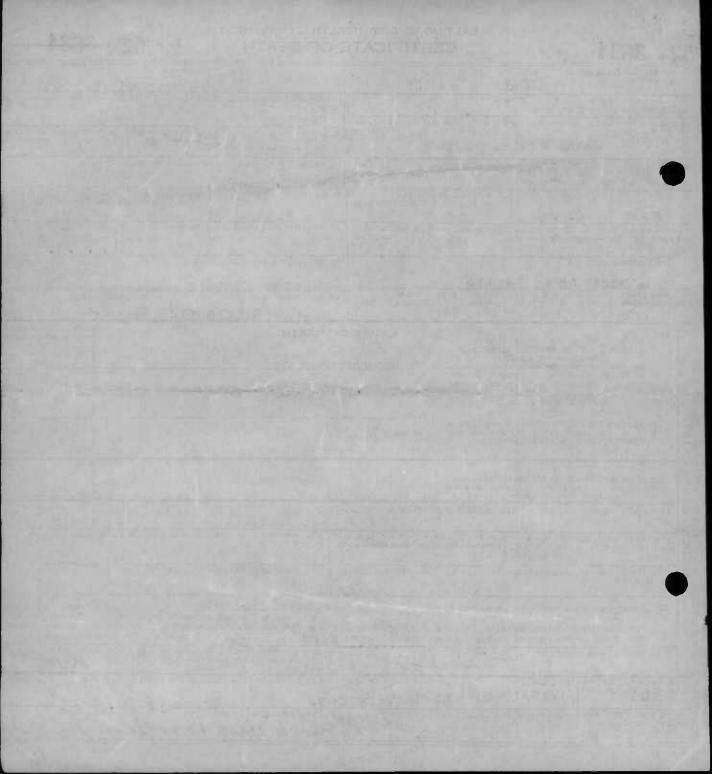
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED OF (Type or Print) BATTLE GLORIA DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution: residence 3. PLACE OF DEATH: before admission) B. COUNTY A. STATE A Baltimore City, Maryland (If not in hospital or institution, give street address or Maryland B. FULL NAME OF (If outside corporate limits, write RURAL and give location) HOSPITAL OR C. CITY OR TOWN township) INSTITUTION Johns Hopkins Hospital Baltimore O STREET ADDRESS (If rural, give location) Yrs. Mos. 1148 Low Street ength of stav in Baltimore Days If Under 24 Hours 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Female Colored nfont March\_79\_7955 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108, KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) WHAT COUNTRY INDUSTRY work done during most of working life, even if retired Baltimore Hone 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert James Battle Rattle Hester 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of cervice) 16. SOCIAL ADDRESS 17. INFORMANT SECURITY NO Heater Battle 1148 No INTERVAL BETWEEN CAUSE OF DEATH 18 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Bronchopneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION CAL (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) F INJURY WHILE AT WORK autopsy thereon and from 22. I certify that I took charge of the remains described above, held an -Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident [], suicide [], homicide [], undetermined []. 238. CHIEF MEDICAL EXAMINER .... X 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24B, DATE 24A. BURIAL, CREMA-TION BEMOVAL (Specify

151

DATE RECEIVED BY LOCAL REGISTRAR

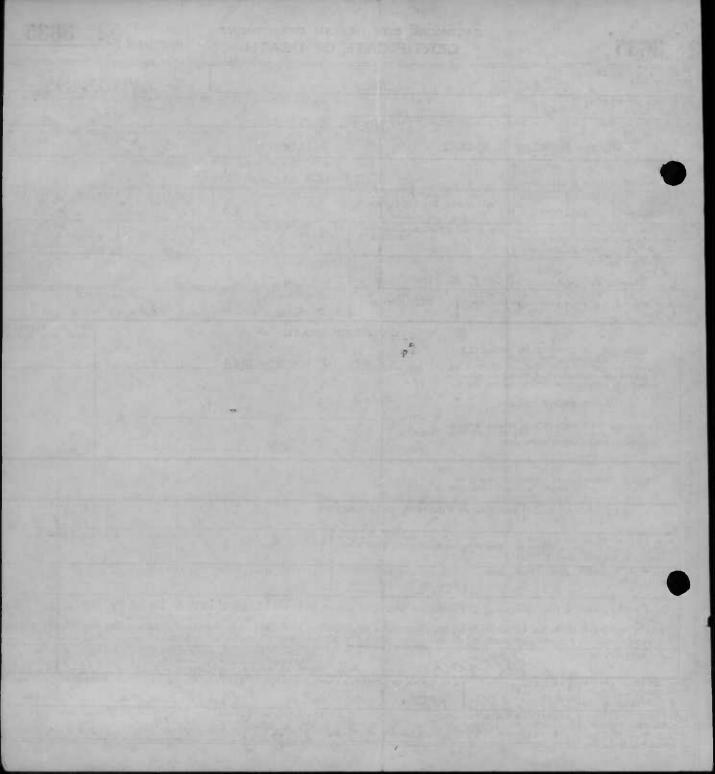
Calvery Cem.

4/15/1952



# CERTIFICATE OF DEATH Registered No. 3635

BIRTH NO.		C	EKTILICATE	- OF DEATH		
1. NAME OF D					2. DATE OF	1 12 1072
(Type or Print)	HAT	PIE	JACKSON	A LIGHAL RESIDENCE	DEATH APRILE (Where deceased lived. If	institution: residence
3. PLACE OF I	City, Maryland			A. STATE	B. COUNTY	before admission)
B. FULL NAME HOSPITAL OR		al or institution,	give street address or location)	Maryland c. CITY OR TOWN	(If outside corporate limit	s, wite I WAL and give
	Johns Hopkins	Hospital		Baltimore	VV	township)
	<u> </u>	-	Yrs.	o. STREET ADDRESS	(If rural, give location)	
c. cength of	stay in Baltimore		Mos. Days	608 Eislen S		
5. SEX	6.COLOR OR RACE	7. SINGLE. N	MARRIED.	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	ti-Under I Year If Under 24 Hours on the Days Hours Min.
Female	Colored	DAV	vield	10-11-19	or foreign sources	12. CITIZEN OF
work done during russ	CCUPATION (Give kind of tof working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	Calcert (	o. Mar	WHAT COUNTRY?
13. FATHER'S		1		14. MOTHER'S MAIDE	N NAME	
alex	Candler -	tack	son	addu	e	
15. WAS DECEA (Yes, no or unknown	SED EVER IN U. S. ARME	FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT	Kson 625 S.	Paca St.
NO	1.4		CAUSE	OF DEATH		INTERVAL BETWEEN
18. / 5	ASE OR CONDITION	DIRECTLY	CAUSE	J. DERIN		ONSET AND DEATH
	LEADING TO DEA	TH	(A) Cance	r of the Stomac	ch	
boort fai	lure, asthenia, etc. It med or complication which	ans the disease.	OUE TO			
Injury C						
	ANTECEDENT CAU		(B)			
Z DISEAS	ES OR CONDITIONS,	STATING THE	OUE TO			
L UNDER	LYING CONDITION L	AST.	(C)			
DISEAS RISE TO UNDER UNDER OTHER TRIBUTI	11					
OTHER TRIBUTI	SIGNIFICANT COND	NOT RELATED				
TO THE	DISEASE OR CONDITION	N CAUSING IT.	INDINGS OF OPER	RATION		20. AUTOPSY?
J 19A. DATE	OF OPERATION	ios, maori i				YES NO X
V 21A. EXTE	RNAL CAUSE WAS		E OF INJURY (e. g., m. factory, street, office bldg.,	in or 21C. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
UNDERLY	NG OR CONTRIB- CAUSE OF DEATH					
	(Month) (Day) (Year	, ,	IE. INJURY OCCURR		JURY OCCUR?	
		m. v	VORK AT WORK		antim 0 image	7
22. I cer	tify that I took cha	rge of the r	emains described	above, held an INSP	ection & inquir	y thereon and from
the e	evidence obtained by death in my opinion	said Autop	sy, Inspection or om: natural cause	Inquiry, find that sa	id deceased died on t icide □, homicide □,	the day stated above undetermined $\square$ .
23A. SIGN		PK.	0.	ASSISTANT MEDI	CAL EXAMINER	3c. DATE SIGNED
	17	10 23		M.D. MEDICAL INVEST	40. LOCATION (City, tow)	n, or county) (State)
TION REMOVAL	(Specify)	152 2	MT. Cu	wurn !	Balt imore	s, md
DATE RECEIV	STRAR 1	R'S SIGNATUR	12 Linus Mil	25 FUNERAL DIRECT	TOR Lively	.661 W. Ban
	1952	1 200	Throaten, J	3 6 3 3	4	ver
V S 151				477		



- 3 2 2 2 3636

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

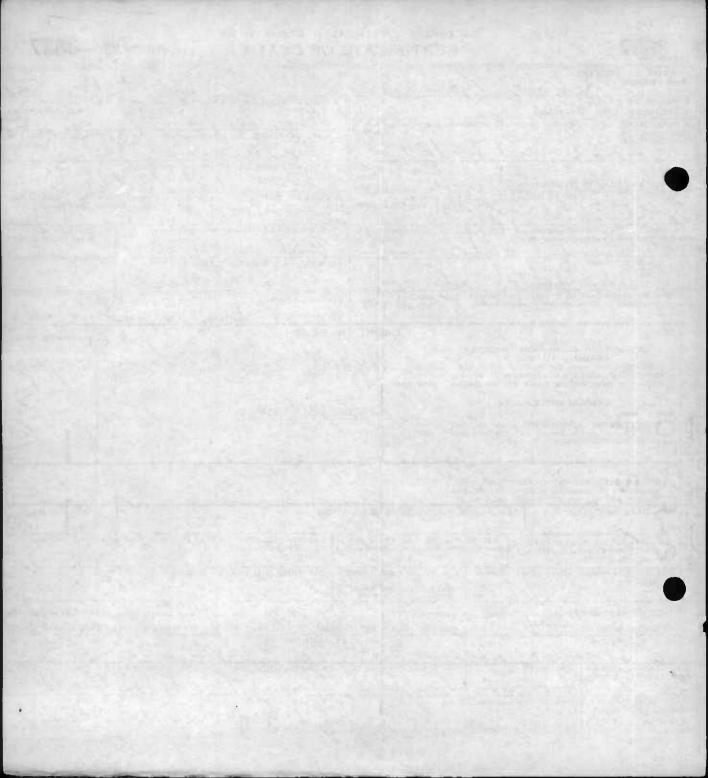
Registered 52 3636

1. NAME OF DECEASED (Type or Pint)  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  A. STATE B. COLUMN (If out in decaded light of institution institution, give street address or HOSPITAL OR INSTITUTION  A. STATE C. COLUMN (If out in decaded light or institution institution, give street address or HOSPITAL OR INSTITUTION  A. STATE C. COLUMN (If out indeed and institution institution, give street address or HOSPITAL OR INSTITUTION  A. STATE C. COLUMN (If out indeed and institution institution, give street address or HOSPITAL OR INSTITUTION  A. STATE C. COLUMN (If out indeed and institution)  A. STATE C. COLUMN (If out indeed and institution institution, give street address or Institution)  A. STATE C. COLUMN (If out indeed and institution)  A. STATE C. COLUMN (If out indeed and institution institution)  A. STATE C. COLUMN (If out indeed and institution institution)  A. STATE C. COLUMN (If out indeed and institution institution)  A. STATE C. COLUMN (If out indeed and institution institution)  A. STATE C. COLUMN (If out indeed and institution ins
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or hospital. Or institution B. FULL NAME OF (If not in hospital or institution, give street address or hospital. Or institution B. FULL NAME OF (If not in hospital or institution, give street address or hospital. Or institution B. FULL NAME OF (If not in hospital or institution, give street address or hospital. Or institution B. FULL NAME OF (If not in hospital or institution, give street address or location)  W. C. CITY OF TO IN (If outside corporate limits, write RURAL and towns  Days  Days  S. SEX  G. COLOR OR RACE  SENGLE MARRIED. DIVORCED (Specify)  10A. USUAL OCCUPATION (Giveking of p. 10B, KIND OF BUSINESS OR INDUSTRY)  11A. MOTHERS MAIDEN NAME  11A. MOTHERS MAIDE
HOSPITAL OR INSTITUTION  WE WAS A COLOR OR RACE SINGLE MARRIED.  S. SEX   6. COLOR OR RACE SINGLE MARRIED.  10A. USUAL OCCUPATION (Gevelin) of 10B. KIND OF BUSINESS OR INDUSTRY  11A. MUST HER'S NAME  11B. MAS DECEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, in jury or complication which caused death.)  11B. MAS DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE OBSASE OR CONDITION LAST.  11B. MAS DISEASES OR CONDITION LAST.  12C. CITY OR TOWN (If outside corporate limits, write RURAL and towns of the Day House of the Most And towns on the Industry of the Death, But NOT RELATED TO THE OBSASE OR CONDITIONS CONTRIBUTIONS CONTR
The does not mean the mode of dring, e. s., heart failure, astensia, etc. It means the disease, injury or complication which caused death.)  Diseases or conditions, if any, giving rise to the above cause (a) starting the Underlying Conditions, if any, giving rise to the above cause (a) starting the Underlying Conditions contributions to the death, but not related to the death, out to the death
S. SEX G. COLOR OR RACE SINGLE MARRIED.  10A. USUAL OCCUPATION (Give kind of plos. KIND OF BUSINESS OR INDUSTRY INDUSTRY)  10A. USUAL OCCUPATION (Give kind of plos. KIND OF BUSINESS OR INDUSTRY)  10A. USUAL OCCUPATION (Give kind of plos. KIND OF BUSINESS OR INDUSTRY)  10A. USUAL OCCUPATION (Give kind of plos. KIND OF BUSINESS OR INDUSTRY)  10A. USUAL OCCUPATION (Give kind of plos. KIND OF BUSINESS OR INDUSTRY)  10A. USUAL OCCUPATION (Give kind of plos. KIND OF BUSINESS OR INDUSTRY)  11A. M9THERS MAIDEN NAME  12A. M9THERS MAIDEN NAME  13. FATHER'S NAME  14A. M9THERS MAIDEN NAME  15. WAS DECEMBED EVER IN U. ARMED FORCES? (If year. KINDUSTRY)  15. WAS DECEMBED EVER IN U. ARMED FORCES? (If year. KINDUSTRY)  15. WAS DECEMBED EVER IN U. ARMED FORCES? (If year. KINDUSTRY)  15. WAS DECEMBED EVER IN U. ARMED FORCES? (If year. KINDUSTRY)  15. WAS DECEMBED EVER IN U. ARMED FORCES? (If year. KINDUSTRY)  15. WAS DECEMBED EVER IN U. ARMED FORCES? (If year. KINDUSTRY)  15. WAS DECEMBED EVER IN U. ARMED FORCES? (If year. KINDUSTRY)  15. WAS DECEMBED EVER IN U. ARMED FORCES? (If year. KINDUSTRY)  15. WAS DECEMBED EVER IN U. ARMED FORCES? (If year. KINDUSTRY)  15. WAS DECEMBED EVER IN U. ARMED FORCES? (INDUSTRY)  16. SOCIAL SCURITY NO. (If yes, give war or dates of service)  17. INFORMANT  18. AND DECEMBED EVER IN U. ARMED FORCES? (INDUSTRY)  18. AND DECEMBED EVER IN U. ARMED FORCES? (INDUSTRY)  19. AND DECEMBED EVER IN U. ARMED FORCES? (INDUSTRY)  19. AND DECEMBED EVER IN U. ARMED FORCES? (INDUSTRY)  19. AND DECEMBED EVER IN U. ARMED FORCES? (INDUSTRY)  19. AND DECEMBED EVER IN U. ARMED FORCES? (INDUSTRY)  19. AND DECEMBED EVER IN U. ARMED FORCES? (INDUSTRY)  19. AND DECEMBED EVER IN U. ARMED FORCES? (INDUSTRY)  19. AND DECEMBED EVER IN U. ARMED FORCES? (INDUSTRY)  19. AND DECEMBED EVER IN U. ARMED FORCES? (INDUSTRY)  19. AND DECEMBED EVER IN U. ARMED FORCES? (INDUSTRY)  19. AND DECEMBED EVER IN U. ARMED FORCES? (INDUSTRY)  19. AND DECEMBED EVER IN U. ARMED FORCES? (INDUSTRY)  19. AND DECEMBED EVER IN U. ARMED FORCES? (INDUSTRY
5. SEX  6. COLOR OR RACE  10A. USUAL OCCUPATION (Giveking) 10B. KIND OF BUSINESS OR Work done during most of working life, even if reigned)  13. FATHER'S NAME  14. M9THER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.A. ARMED FORCES? (Yes, no or unhappin)  16. Was DECEASED EVER IN U.A. ARMED FORCES? (Yes, no or unhappin)  17. INFORMANT  18. LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  OUE TO  ANTECEDENT CAUSES  OUE TO  OUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED  OUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION  19. DATE OF OPERATION  29. ADTE OF DEATH  CAUSE  (a)  OUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION  12. CITIZEN OF WHAT COUNTY  12. CITIZEN OF WHAT COUNTY  13. FATHER'S NAME  14. M9THER'S MAIDEN NAME  14. M9THER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.A. ARMED FORCES?  16. SOCIAL  SECURITY NO.  17. INFORMANT  ADDRESS  CAUSE OF DEATH  Pleural + Refricavorial Effusion  INTERVAL BETW  ONSET AND DE  INDUSTRY  INDUSTRY  17. INFORMANT  ADDRESS  INTERVAL BETW  ONSET AND DE  INDUSTRY  INDUSTRY  17. INFORMANT  ADDRESS  OUE TO  CAUSE OF DEATH  Pleural + Refricavorial Effusion  INTERVAL BETW  ONSET AND DE  INTERVAL BETW
13. FAITHER'S NAME  15. WAS DECESED EVER IN U.S. ARMED FORCES? (If yes, givenar or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT SOLUTION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION AUSTRIANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION AUSTRIANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION AUSTRIANT CONDITIONS OF OPERATION  19. DATE OF OPERATION 19.89. MAJOR FINDINGS OF OPERATION  12. AUTOPS)
15. WAS DECEASED EVER IN U.J. ARMED FORCES? (Yes, no or unknown) (If yes, giverar or dates of service) 16. SOCIAL SECURITY NO.  18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING IT.  19. DATE OF OPERATION 19. S. MAJOR FINDINGS OF OPERATION  DISEASE OR CONDITION 15. SONTHING THE UNDERLYING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION AUSING IT.  19. DATE OF OPERATION 19. S. MAJOR FINDINGS OF OPERATION  DOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION AUSING IT.  19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION 19. S. MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION 19. S. MAJOR FINDINGS OF OPERATION  10. SOCIAL TO RECOVER TO RELATED TO THE OISEASE OR CONDITION AUSING IT.  19. DATE OF OPERATION 19. S. MAJOR FINDINGS OF OPERATION  10. SOCIAL TO RECOVER THE DEATH TO THE DEATH TO THE OISEASE OR CONDITION 20 198. MAJOR FINDINGS OF OPERATION  10. SOCIAL TO RECOVER THE DEATH TO THE OISEASE OR CONDITION 20 198. MAJOR FINDINGS OF OPERATION  10. SOCIAL TO RECOVER THE DEATH TO THE OISEASE OR CONDITION AUSING IT.
15. WAS DECEMBED EVER IN U. ARMED FORCES? (Yes, no or unknown)  18. July 3 X  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED OUE TO TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED OUE TO TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 1 19B. MAJOR FINDINGS OF OPERATION  15. WAS DECEMBED WITH ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT SECURITY NO.  17. INFORMANT ADDRESS  CAUSE OF DEATH Pleural + Pericard of Effusion ONSET AND DE INTERVAL BETWOON ONSET AND ONSET AND ONSET AND ONSET AND ONSET AND ONSE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  COMPANDED  (C)  HUDER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION COUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 120, AUTOPS)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OUE TO HUPEY TENSION  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  120, AUTOPS)
TRIBUTING TO THE DEATH, BUT NOT RELATED  OF THE DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  120. AUTOPS)
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, AUTOPS)
YES NO  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?  (If in Baltimore City, give exact location) INJURY OCCUR?
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  TINJURY  NOT WHILE AT WORK
22. I hereby certify that I attended the deceased from April 12, 1952 to APR 14, 1952 that I last saw deceased alive on April 19 Pand that death occurred at 7 m., from the causes and on the date stated about
23A. SIGNATURE BURNEL M. M. O. 23B. ADDRESS Marcy 239. PATERIGN
24A, BURIAL CKEMA- 24B, DATE 24C, NAME OF CEMETERY OF CREMATORY 24B, COGATION (City, town, of ounty) (Sta
THIMAS THE SULL IN COUNTY TO THE SULL OF T
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAS DIRECTOR ADDRESS APPRIL 1952 Turstanton Williams AND & Carok A 305 Harrord K

5 637 BIRTH NO.

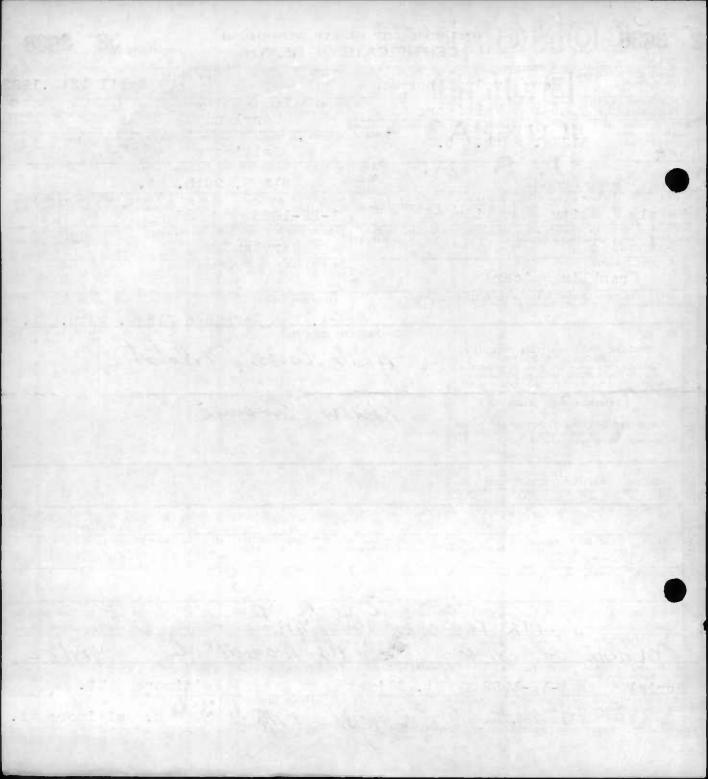
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) Knnl Kammer	2. DATE OF DEATH 4-14-52
3. PLACE OF DEATH: A. Baltimore City Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR Institution  INSTITUTION  2223 Cast Buddle St.	c. CITY OR TOWN. (If outside corporate limits write (LURAL and give township)
ength of stay in Baltimore Life Mos. Days	
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED DIVORGED (Specif.	9. AGE (In years of Under 1 Year of Under 24 Hours of Months Days of Months Days of Months Days of Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)  Address:  Add	11. BIRTHPLACE (State or foreign country)  Baltimore Md. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Glildebrand	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Kommer - 2223 E. Bedalle &
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	pertensine C.V. dislace /0 Years  (yestension
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	in or   21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR.  TINJURY  MHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK	E T
23A. SIGNATURE	1/46, 19, to 4/452, 19, that I last saw the arred at 0:15 A. m., from the causes and on the date stated above.  238. ADDRESS 23C. DATE SIGNED
24A. BURIAL. CREMA- 24B. DATE 24C NAME OF CEMET TION, REMOVAL (Specify) 4-18-52 Baltimo	10 11 11/1.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  ALE DE STREET ST	John C. Migler Inc. 2435 E. Oliver St.
VC 150	

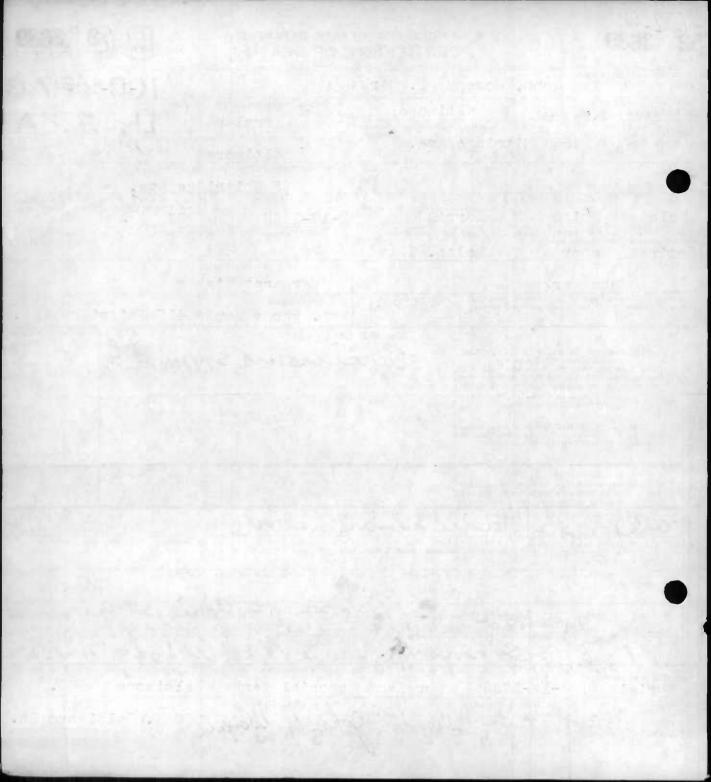


## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 3638

ВІ	RTH NO.			CERTIFICAT	E OF DEATE	1 Regi	stered r	YU	500
	NAME OF D ype or Print)	eceased Mary	Evelyr	Sherman		2. DATE OF DEATH	Apr	il 13	th.195
3. A.	PLACE OF D Baltimore (	EATH: City, Maryland	Balti	more	4. USUAL RESIDEN	n COI		institution befo	residence ore admission)
B. HC	STITUTION	OF (If not in hospit 513 E. 2	al or instituti	on, give street address or	c. CITY OR TOWN	yland (If outside corpo timore		4 4	5
d	ngth of s	tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRES	s (If rural, give looks 28th. S			
	sex 'emale	6.COLOR OR RACE White	7. SINGLE WIDOW WIDOW	MARRIED, ED, DLVORCED (Specify)	8. DATE OF BIRTH		-	Under I Year nths Days	H Under 24 Hours Hours Min.
10. work	done during most of Housew:	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St. Maryla		7)	12. CITIZ WHAT	EN OF COUNTRY?
13	FATHER'S				14. MOTHER'S MAIL				
	Fra	anklin Spic	er			?			
15 (Yes	, WAS DECEASI	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		Al	DDRESS	
				0200MTT 110.	Mrs. Leo Mo	Fadden 51	3 E.	23th	. St.
ERTIFICATION	OTHER S	ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA  II IIGNIFICANT CONDITION IS TO THE DEATH, BUT ISEASE OR CONDITION	F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(C)	ere aus	emiç			
U I				FINDINGS OF OPER	ATION			20, 4	UTOPSY?
Z.								YES	NO 🗌
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, atreet, office bldg., o			re City, g	give exact l	location)
-	21b. TIME INJURY	(Month) (Day) (Year)	` '	21E. INJURY OCCURR  WORK NOT WHILE AT WORK		NJURY OCCUR?			
		live on And 19		deceased from Anand that death occur	red at 1 m.,	to from the causes a		ne date st	TE SIGNED
	A. BURNAL, ON, REMOVAL (S	CREMA 24B. DATE		M. O.		24D. LOCATION (C			(State)
DA	Burial TE RECEIVE APR S	4-16-1 DBY REGISTRAR		Mt. Olive	25. FUNERAL DIRECTION	- U - L		St. ADDRESS	re St.
	VS 150	Sit a status marro	- interpretation	manua i if					

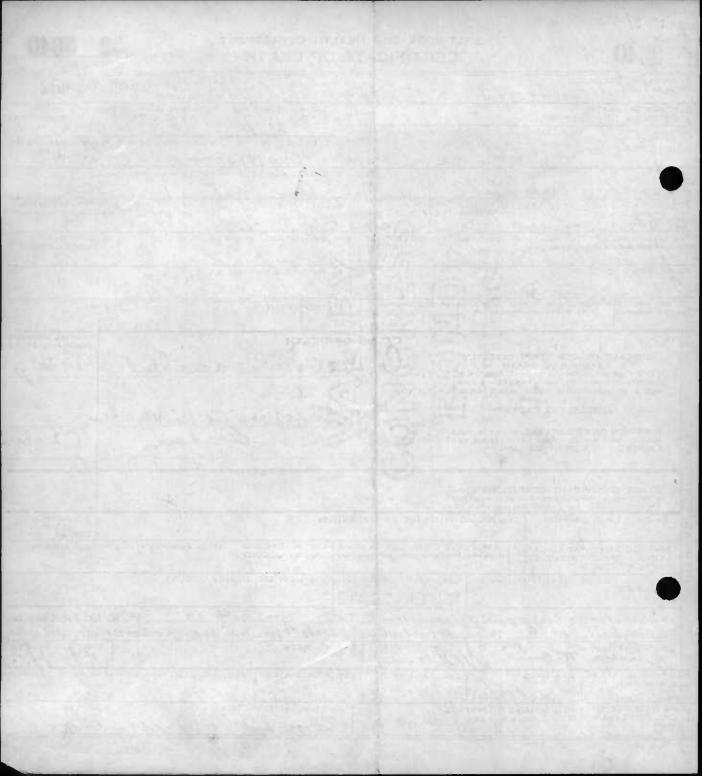


Registered 1 1. NAME OF DECEASED (Type or Print) 2. DATE John. "Joseph" I. Marks 4-13-1952 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution residence Baltimore A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Tocation) C. CITY OR TOWN (If outside corpo ate limits, write RURAL and give 455 Whitridge Ave. INSTITUTION townshin Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore 455 Whitridge Ave. Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under | Year If Under 24 Hours last birthday) Months; Days Hours: Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) White Male Married 9-17-1868 10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Balto. Retired Labor City Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Marks Margaret Fisher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO. Mrs. Rhoda Marks 455 Whitridge Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION # 19 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 214 ACCIDENT WAS UNDER ebout home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK That I last saw the 22. I hereby certify that I stended the deceased from deceased alive on and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) 4-16-1952 Moreland Memorial Park Baltimore Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. AUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 3000 E. Baltimore St. VS 150



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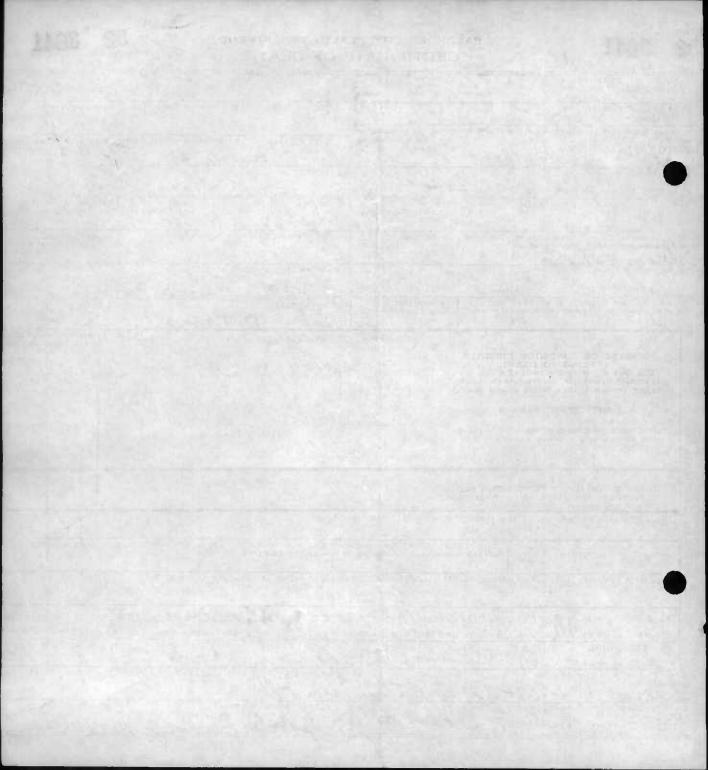
BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) JOSCAL STANLE	2. DATE OF APR 1.4 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
3. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
JOHNS HOPKINS HOSPITAL Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Left Mos. Days	101 Foot CL
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify,	8. DATE OF BIRTH  9. AGE (in years if Under I Year Months Days Hours Min.
IOA. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14: MOTHER'S MAIDEN NAME
Moses Stanley	Harrist ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yos, give wer or dates of covice)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	entensive cardiovacule ? 2 yrs
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, ferm, factory, street, office bldg.,	
TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR NJURY   WHILE AT   NOT WHILE	
m.   work !   AT WORK	
Alexan Thulle Miller	-3- 1952 to 4-14-, 1952 that I last saw the
22. I hereby certify that I attended the deceased from 4 deceased galive on 4-/4-, 19.5 and that death occu	rred at 6 45 Am., from the causes and on the date stated above.  238. ADDRESS  236. DATE SIGNED
22. I hereby certify that I attended the deceased from 4 deceased galive on 4 - 14 - 195 h and that death occu  23 Thature which will will mp.  244. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETER CONTROL Specify Call  DATE REGEIVED BY REGISTRARY SIGNATURE  LOCAL REGISTRAR	rred at 6 45 Am., from the causes and on the date stated above.  238. ADDRESS  23c. DATE SIGNED
22. I hereby certify that I attended the deceased from 4 deceased alive on 4-14-, 19.5 h and that death occu 23 Thature 100 Louis 24B. Date 24C. NAME OF CEMETE 100 LEGISTRAN SIGNATURE	1952 to 4-14-, 1952 that I last saw the rred at 6 45 Am., from the causes and on the date stated above.  238. ADDRESS  23C. DATE SIGNED  23C. DATE SIGNED  23C. DATE SIGNED  25C. FUNERAL DIRECTOR  ADDRESS  25. FUNERAL DIRECTOR  ADDRESS



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32	3641
BIRTH	NO.

52 3641

BIRTH NO.	E OF DEATH		
1. NAME OF DECEASED (Type or Print) JOSEPHINE JOHNSON	2. DATE OF DEATH APRIL 13.1957		
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; revolence a. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTE RC4 HOSPITAL.			
c. Length of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location)  905 MSDONUGH  ST		
5. SEX 6. COLOR OR RACE 7 SHIELE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH   9. AGE (In years   If Under I Year   If Under 24 Hours		
10A. USUAL OCCUPATION (Give kind of vorking mode of which life, even life tired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
CHARLES PARKS	14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or wnknown) (If yes, give war or dates of service) SECURITY NO.	NATH. O. PARKS SAME		
700	OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	togenie (A. 19R(?)		
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
. 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20 AVTOPSY?		
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	in or   21C. WHERE DID (If in Baltimore City, give exact location)		
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE			
22. I hereby certify that I attended the deceased from Ma			
decoused alive on 192, and that death occurred at 192, from the causes and on the date stated above.  23A. SIGNATURE  236. ADDRESS  236. DATE/SIGNED			
Kaymond J. Gemmind	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)		
24A. BURIAL (CREMA- 24B. DATE 100, REMOVAL (Specify) 4-17-52 Orbutus	mem. To		
DATE RECEIVED BY REGISTRAR'S SIGNATURE.  APR 151959  Tuntington Williams M. C.	25. FUNERAL DIRECTOR ADDRESS ADDRESS 1304 N. Carly		
VS 150 7208AC	) I like		



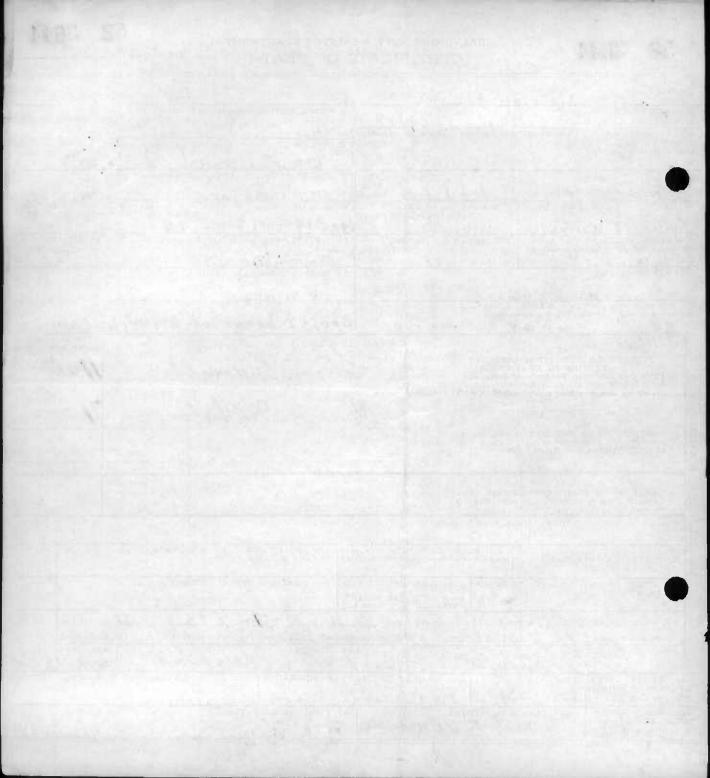
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3642 BALTIMORE CITY HE	EALTH DEPARTMENT 52  Registered No	3642
BIRTH NO.		
(Type or Print) WILLIAM PEAC (Peel)	2. DATE OF DEATH PRIC!	4,1952
8. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If instit	ution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL_OR location)	c. CITY OR TOWN (If outside corporate limits, wri	to DIID Ale And since
INSTITUTION FORMY HOSPITAL	BALTIMORE 77.	pwnship)
Yrs. Mos. Days	5. STREET ADDRESS (If rural, give location SJO7 OAK MUNTAU	
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE un years I linder	1 Year   If Under 24 Hours
M WIDOWED DIVORCED (Specify)	Feb. 1991882 70 Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork dome during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY		WHAT COUNTRY?
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME	4,4.4.
Turknown ST. Racing	Unlevour	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MRS. LOUISE BLOCKOTT DE	Ame
18. 330 X . CAUSE		NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		SHOLL AND BLAIR
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ICHNUID HEMORRHAGE	8 Ways
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING		***********
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(c)		***************************************
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER		20. AUTOPSY?
		YES ND
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bldg., a		exact location)
p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	-4
m. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from APR deceased alive on APR 13, 1952, and that death occur	. 6 , 1952 to APR 14 , 1952th	at I last saw the
deceased alive or 13 , 1952, and that death occur	rred at 5 m., from the causes and on the de	ate stated above.
		C. DATE SIGNED
M. D.	meny ropolal 10	4,142
24A. BURIAL, CREMA- TION REMOVAL (Specify)	TY OR CREMATORY 246. LOCATION (City, town, or ed	(State)
Misse Varil 16/52 Toesar J	you Washington	D.C.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  ADR 151952 Huntingfor Villagues Miss	25. FONERAL DIRECTOR	PRESS
	Joing Hyere 5005 R.	Music
VS 150 661 51		V

620			V	
52 3643 BIRTH NO.	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	S2 Registered No	3643
1. NAME OF DECEASED (Type or Print)	tuland.	Wass	2. DATE OF DEATH	r 19100
3. PLACE OF DEATH:  A. Baltimore City, Maryland	.100l2	4. USUAL RESIDENCE (W		ution: residence before admission)
HOSPITAL OR	itution, give street address or location)	c. CITY OR TOWN. (If	outside corporate limits, wri	te RURAL and give
JOHNS HOPKINS HO	Yrs.	D. STREET ADDRESS (A)	ural, give location)	
c. Length of stay in Baltimore	Mos. Days	62 72	neolu a	apt
Male look of RACE 7. SIN	GLE, MARRIED, OWED, DIVORGED (Specify)	10-23-13	9. AGE (In years li Under last birthday) Months	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Hobert Wass		Maria	Wesler	7
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT NS HOP	KINS HOSPITAL	ss
18. 204.2	CAUSE	OF DEATH		NTERVAL BETWEEN
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying,	LY Aul	i monocytic	Coulemia	5-6 most
heart failure, asthenia, etc. It means the dis injury or complication which caused do	scase,			
ANTECEDENT CAUSES			2 -05 100	
O DISEASES OR CONDITIONS, IF ANY, G				
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  UNDERLYING CONDITION LAST.	(c)			*******************************
11				
□ TRIBUTING TO THE DEATH, BUT NOT REL	ATED			******************************
19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
ZIA. ACCIDENT WAS UNDER. 218.	PLACE OF INJURY (o. g., i		in Baltimore City, give e	xact location)
LYING OR CONTRIBUTING   about he CAUSE OF DEATH	me, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
P. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURR		OCCUR?	
m m	L WORK AT WORK		L-15-, 1957th	na 7 land own the
deceased alive on 4-15-19	2 and that death occur	rred at 6: 15 m., from th	te causes and on the do	
234 GNATURE Frullin	Wilher 2	38. ADDRESS	S HOSPITAL 23	c, DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town, or co	unty) (State)
Burial april, 17,195	J Fairmer (	Emittry For	derch n	rayland
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	VII ALLES ME	25. FUNERAL DIRECTOR	LA ADE	DRESS
APR 1 6 1932 that you !	muany 1 31 ()	UGAMA F	War III	
13 130				

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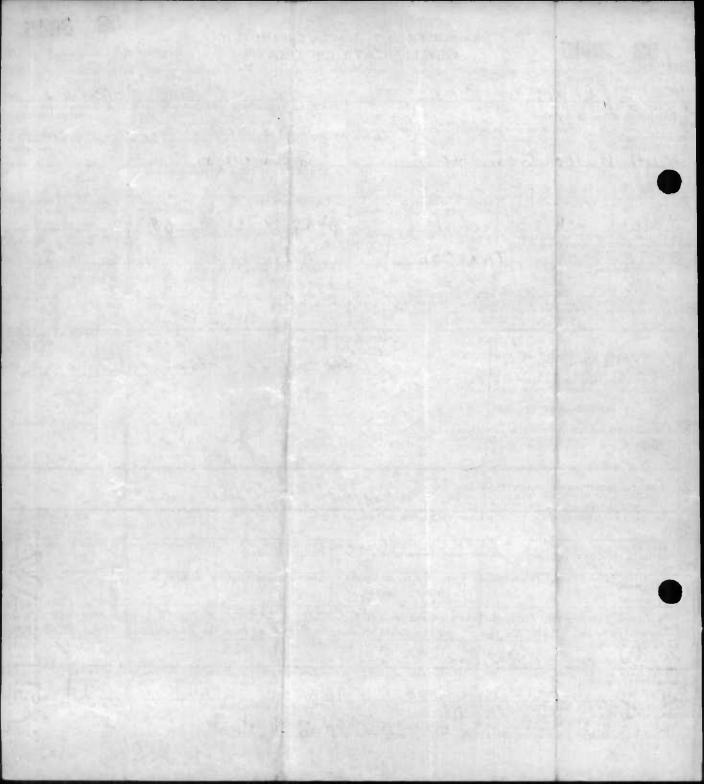
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	,	2. DATE OF 15 TO
WILLIAM E. LONG	1 4 1131111 DECLETE	DEATH 7-13-32
3. PLACE OF DEATH: A. Baltimore City, Maryland ///7 WILLIAM &T	A. STATE	There deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	MD	
INSTITUTION	c. CITY OR TOWN (If	outside corporate limits, write RURAL and give
V.		rural, give location)
c. Length of stay in Baltimore	D. STREET ADDRESS (If I	rural, give location)
c. Length of stay in Baltimore LIFE Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years) II Under 1 Year   If Under 24 Hours
M WIDOWED, DIVORCED (Specify)		last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)   12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	TO	, WHAT COUNTRY?
MERCHANT HARDWARE	DALTIMOIRE, M	
IS. PAIRERS NAME	14. MOTHER'S MAIDEN NA	AME
JOHNLONG	NIKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
NO NONE NONE	Louis L. LONG-	DON-1117 WILLIAM ST
18. 592 X CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	6/2 /	11 11
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	womo mak	angus million
injury or complication which caused death.) DUE TO	STATE OF STA	
ANTECEDENT CAUSES	la hill	who II mo
Z DISEASES OR CONDITIONS, IF ANY, GIVING (B)	mmo my	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
ONDERLYING CONDITION EAST.	***************************************	
ĪL		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSYZ
X .		YES NO
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., c	or 21c. WHERE DID (I:	f in Baltimore City, give exact location)
CAUSE OF DEATH		
p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?
m. WHILE AT NOT WITH LE		
22. I hereby certify that I attended the deceased from	ne 23, 1951, to 4	1/13 , 1952 that I last saw the
1/1.0 15	F 24//	he causes and on the date stated above.
23A. SIGNATURE 12	3B. ADDRESS	23c. DATE SIGNED
/// hetato M.D.	1219 min	Am 11 4/15/52
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LC	OCATION (City, town, or county) (State)
BURIAL APRIL 16/52 MT. OLIVET		ALTIMORE, MD
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 16:1952 Juntington Visitalis, May	O. Ch Transe	+ Son 1216 & Charles St
VS 150	4 4 4	



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	No

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION evern Yrs. D. STREET ADDRESS (If rural, give location) Mos. agth of stay in Baltimore Days 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours 5. SEX 6. COLOR OR RACE 9. AGE (In years) last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Single 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? work done during most of working life, even if retired) DPERATOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. SE NONE NUNE INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY a bes certains Weccan LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) ...... ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ... Pt. Corcei aver OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION DICAL YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 4-. 195 2 that I last saw the and that death occurred at 3:20 1/m., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A. GIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B. DATE BURIAL Loudo 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S S. LOCAL REGISTRAR VS 150



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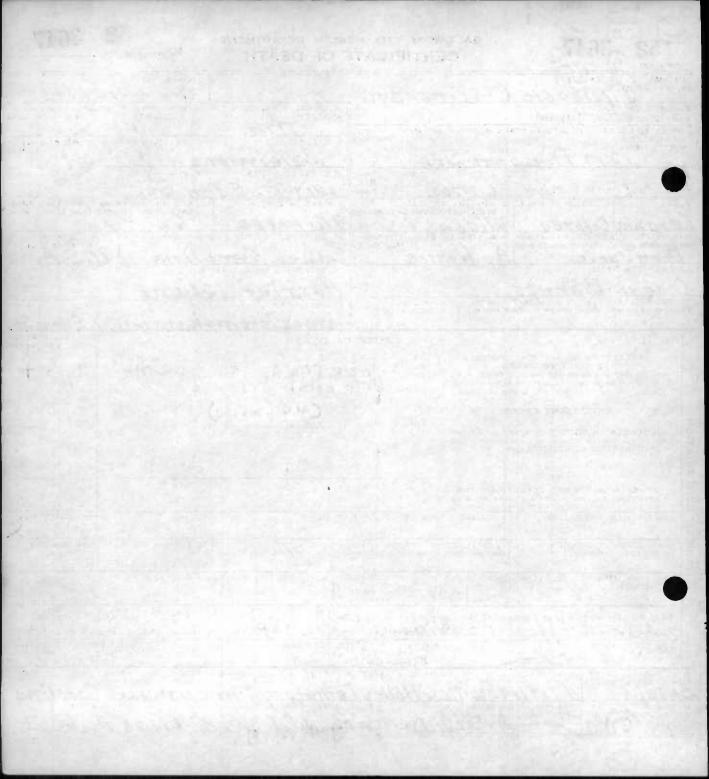
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- Taylor	> ~ ~ ~ ~						
	52	3647			EALTH DEPARTMENT	52 Registered No.	3647
В	IRTH NO.		CI	RIFICAL	E OF DEATH	Registered No.	
	NAME OF D'ype or Print)		Cottin	Tekam		2. DATE OF DEATH 4/14	4/1952.
	Baltimore	DÉATH: City, Maryland			4. USUAL RESIDENCE (W	Where deceased lived. If ins B. COUNTY	stitution : residence before admission)
	FULL NAME	OF (If not in hospi	tal or institution,	give street address or location)	c, CITY OR TOWN (If	outside corporate limits,	nevite IMTRAT and since
IN	ISTITUTION	217 TT. E	10 m 5	4.	Baltimo	re 10-	- 1 township)
1		X / / / / / / / / / / / / / / / / / / /		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	sength of s	stay in Baltimore	6 7770	S. Days	1217 M. Ed	en St.	
5.	SEX	6. COLOR OR RACE		DIVORCED (Specify)	8. DATE OF BIRTH		hs Days Hours Min.
10	A. USUAL OC	CCUPATION (Give kindo	10B. KIND OF	BUSINESS OR	11. BIRTHPLACE (State or fo	preign country)   1/	2. CITIZEN OF
worl	Do 777 e	of working life, even if retired	1/1./	INDUSTRY	South Car	alima i	WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MAIDEN NA	AME	
15	)WETT	SED EVER IN U. S. ARME	D FORGES L	Na activi	Harriet 1	3/unt	
(Ye	a, no or unknown)	(If yes, give war or dat	os of service)	SECURITY NO.	17. INFORMANT	1	DRESS
	18. /L/L	2 1		CALIFE	OF DEATH	Gham 12177	INTERVAL BETWEEN
	770	SE OR CONDITION	DIRECTLY		1		DNSET AND DEATH
	(This doe	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  RENAI DISEASE					
7		ANTECEDENT CAU	SES		Cuccinia	)	
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
FICA							
ERTIFI	OTHER	SIGNIFICANT COND	ITIONS CON-	(C)			
CEI	TRIBUTIN	IG TO THE DEATH, BUT DISEASE OR CONDITIO	NOT RELATED	······································			
Ļ	19A. DATE	OF OPERATION	19B. MAJOR FI	NDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL		ENT. SUICIDE.		OF INJURY (e.g., i		If in Baltimore City, giv	
Σ	D. TIME	(Month) (Day) (Year		INJURY OCCURR		OCCUR?	
				RK AT WORK			
	deceased a	by certify that I at	tended the dec	eased from	= 19, 195, to 4 rred at 11.40 ft., from t	he causes and on the	that I last saw the
	23A. S GNA		, 200	1500 EAST NO	Ba. ADDRESS		23c. DATE SIGNED
2	4A. BURIAL,	CREMA- 24B, DATE	1240	BALTIMABIAL	RY OR GREMATORY 24D. L	OCATION (City, town, or	4-15-52 (State)
TI	ON REMOVAL	Specify)	1050 71	We Hallow	AND THE	nture Carl	Carolina
D	ATE RECEIVE	ED BY   REGISTRAR	'S SIGNATURE	Willey	25. FUNERAL DIRECTOR	IL WITT DOUGH	ADDRESS
	APR 16	1952 Turther	g 50~51/W	is Dis- Min	Kandolph X Co	Dick 1412 E. 1	Isstor St.
	VS 150			20	20-17-05		
				1200	(T		

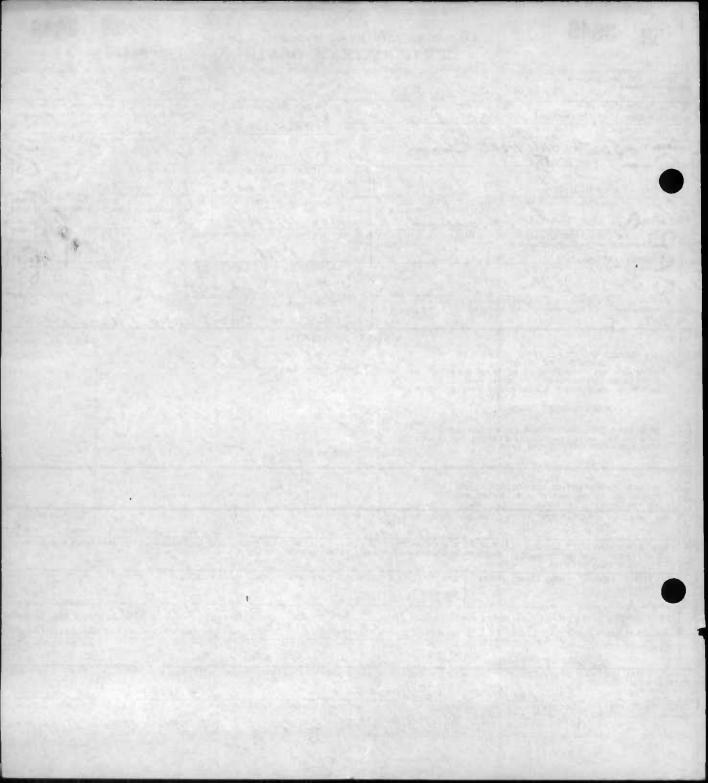


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UN	COOM

#### BALTIMORE CITY HEALTH DEPARTMENT

52	3648

811	RTH NO.	CERTIFICAT	E OF DEATH	Registered No	0	
1.	NAME OF DECEASED  pe or Print)  CATHERINE	DAVIS		2. DATE OF DEATH 4-	13-52	
A.	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institu	J. Md	A. STATE	B. COUNTY	nstitution: residence before admission)	
I HC	SPITAL OR SOuth Pullimore	2 - location)		(If outside corporate limits,	write RURAL and give township)	
C.	ngth of stay in Baltimore	13 Yrs. Mos. Days	D. STREET ADDRESS		ny	
5.		E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH MAY 24- 189	9. AGE (In years Hollast birthday) Mon	Under I Year H Under 24 Hours ths Days Hours Min.	
	N. USUAL OCCUPATION (Give kind of dope during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S NAME		14. MOTHER'S MAIDE	N NAME		
J	OHN J. BULL		BESSIE	CHRR.		
15	WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yee, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS	
(100	No	SECURITY NO.	JAMES W. DA	VIS 2016 HIL	LEN WOOD	
	18. 172 X	CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY	0-		10.7	ONSE! AND DEATH	
	LEADING TO DEATH (This does not mean the mode of dying, e.	En (A)	estant ou	elinden		
	heart failure, asthenia, etc. It means the disci injury or complication which caused dea	ase,				
_	ANTECEDENT CAUSES	m	estatu E	accenson	1000000	
TIO	DISEASES OR CONDITIONS, IF ANY, GIV		•			
F	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(a	eccama of	rdy Mules	9	
FIC		(C)			*****	
RTIF	II		and the second s			
E E	OTHER SIGNIFICANT CONDITIONS CO	TED				
U	TO THE DISEASE OR CONDITION CAUSING	R FINDINGS OF OPE			20. AUTOPSY?	
AL	19A. DATE OF OPERATION 19B. MAJO	mo The D	Our.	- abeha	YES NO	
IO		LACE OF INJURY (6. 8.		(If in Baltimore City, g		
MEDI	LYING OR CONTRIBUTING CAUSE OF DEATH	e, farm, factory, street, office bidg.,				
	O ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		JURY OCCUR?		
	m.	WHILE AT NOT WHILE				
	22. I hereby certify that I attended th	e deceased from h	wel 31, 1952 to	april 13 , 1952	that I last saw the	
	deceased alive on Upul 13, 1952	and that death occu	rred at 1: 25Pm., fre	om the causes and on th	e date stated above.	
	23A. SIGNATURE		23B. ADDRESS	-0, 11	23c. DATE SIGNED	
	Deng-rgo	lan M.D.	South Ball	ten. Hop.	4-13-3-	
24 TIC	A. BURIAL, CREMA- 248 DATE	24C. NAME OF CEMETI	ERY OR CREMATORY 24	D. LOCATION (City, town,	4	
11	2011/1 HPR 16, 1952	PARIX NO		PARK VILLE	MA	
-	TE RECEIVED BY   REGISTRAR'S SIGNA	TIARE.	25. FUNERAL DIRECT	OR		
	CAL REGISTRAR	Lizza			ADDRESS 200F	
	796 9 1 Hdy Huntington	Hilliams MS	BULLARICH FO	INERHU HOM		



#### ANTECEDENT CAUSES Conchary DISEASES OR CONDITIONS, IF ANY, GIVING Corunary Antery RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ed arteres seleroses TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY

WHILE AT 17 52, 19 to 4 19 52, 19 that I last saw the 22. I hereby certify that I attended the deceased from\_

deceased alive on A14 52, 19, and that death occurred at 5:45 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

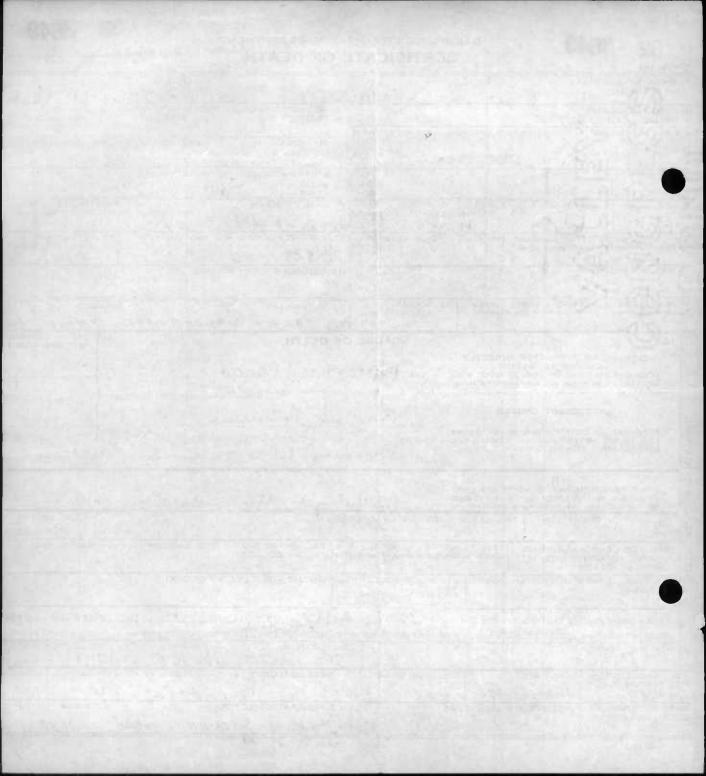
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24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY

18-18-195L COL GATE BURIBL ADDRESS 206 F DATE RECEIVED BY | REGISTRAR'S SIGNATURE

LOCAL REGISTRAR MANUAL RICH FUN ERHO HOME ORLEAM

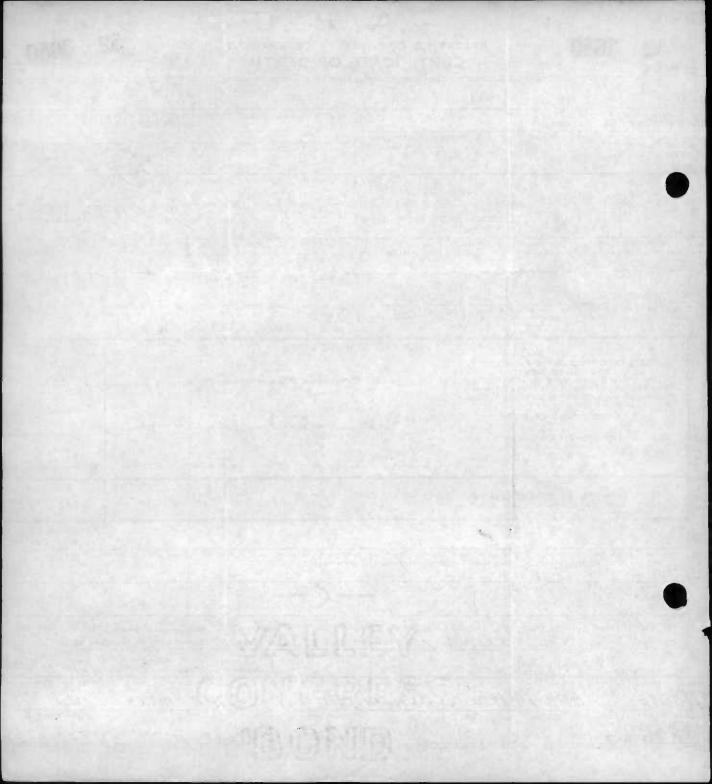
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3650

	TICITI NO.						
	NAME OF E		t L Kai	55		2. DATE OF DEATH ADT	il 13 1952
A	Baltimore	City, Maryland	7070 /	ion, give street address or	4. USUAL RESIDENCE A. STATE	E (Where deceased lived. If B. COUNTY	
H	OSPITAL OR NSTITUTION	C. (II not in not)	on or misciple	location)	c. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give township)
-	(P)					timore /-	03
S				Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
		stay in Baltimore	life	Days	3210 Avon A	ve	
5	. SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   Mo	Under I Year   If Under 24 Hours nths: Days   Hours   Min.
VA 8	lle	White	wido		July 21 1880		inna Days Hours, min.
10	DA. USUAL OC	CUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF
VOI		of working life, even if retired)		INDUSTRY	Dellinone		WHAT COUNTRY?
11	3. FATHER'S	- W			Baltimore		
					14. MOTHER'S MAIDE	N NAME	
	Conrad				Mary		
15	5. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	ΑΙ	DDRESS
, - ,	is, oo or dondowd,	(1. 305, gave wat or date	a or service)	SECURITY NO.	George Kaiss	3210 Avon Ave.	
-	18. 42	0.0		CALICE			INTERVAL BETWEEN
	100	1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEAT					1 1 1
	(This doe	s not mean the mode o	f dying, e. s	(A)	meny occlu		lday
		ure, asthenia, etc. It mea eomplication which e			7		
_		ANTECEDENT CAUS	ES	Alle	wood on the	· Landolina	
0	DISEASE	S OR CONDITIONS, IF	ANY, GIVIN	(B)			
ATION	RISE TO	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO			
S		THE CONTENTION EX	.51,	(C)		00000	
E C							
RT	OTHER	II SIGNIFICANT CONDI	TIONS COA				
田田	TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE	D			
U		ISEASE OR CONDITION					
AL	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		YES NO E
EDICA	LYING O	R CONTRIBUTING	21B. PL/ about home,	ACE OF INJURY (e. g., In farm, factory, atreet, office bldg., e	or 21c. WHERE DID	(If in Baltimore City, g	give exact location)
Ξ	CAUSE OF						
	NJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE	ED 21F, HOW DID IN.	JURY OCCUR?	
	22 7 1		m.	WORK AT WORK L	1057).	A- 12 105	5
				deceased from		1-11	I that I last saw the
			_, 1927,	and that death occur		om the causes and on th	
	26A SIGNA	ad h Rut	ter	м, р.	3B. ADDRESS 1706 M Wash	Lugton St	4/10 P
2	4A. BURIAL.	CREMA- 24B. DATE		24C. NAME OF CEMETER	RY OR CREMATORY 24	D. LOCATION (City, town,	or county) (State)
1	ON, REMOVAL (	ADD /	1-190	BHUTIM	117.13	BHUTIMONE	MO
D	ATE RECEIVE	D BY   REGISTRAP	SSIGNATA	LRF I	25. FUNERAL DIRECT		ADDRESS ZOOF
4	OCAL REGIST		17 15	200			
1	FK 1619	152 H.	ton W	HIGHES MIR	DOD BURH CAM	VERBU HOME	ORLEANSS.
	VS 150	1	7 1	Mariner & Commercial Strategies	11	3	
		0		6909	16		



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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

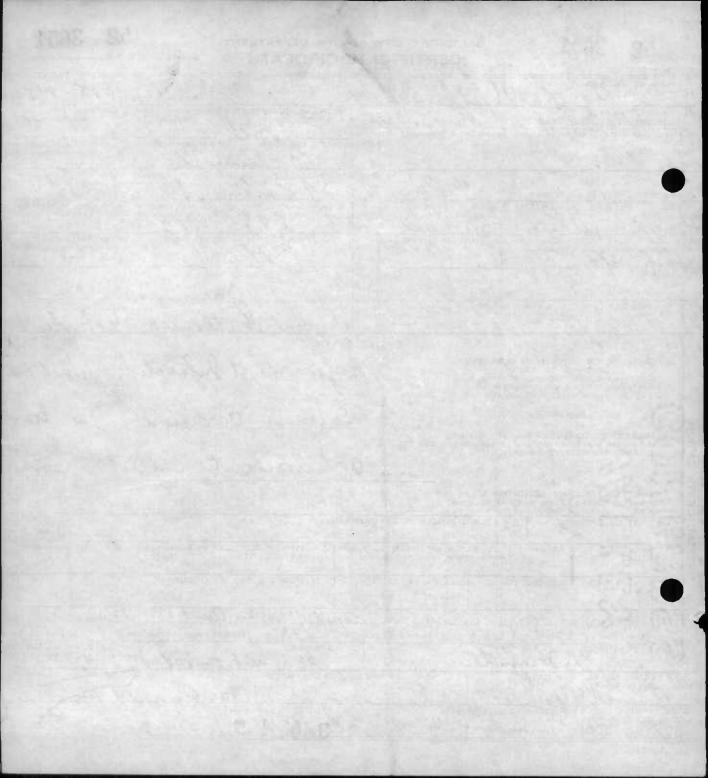
1. NAME OF DECEASED
(Type or Print)

1. Quathan Dutkewich

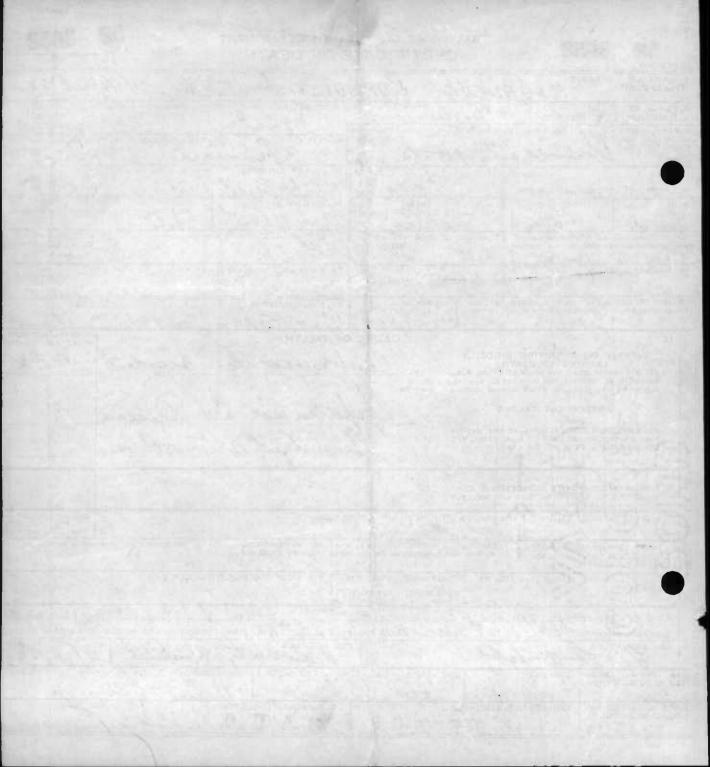
2. DATE OF DEATH
OF DEATH

52	3651
Registered No	

	NAME OF D ype or Print)	Lantha	10,7	Howell		2. DATE OF DEATH CLASS	215-1952
Α.		City/Maryland	24 P	arkin St.	A. STATE	E (Where deceased lived, If	institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hosp	ital or instituti	ion, give street address or location	C. CITY OR TOWN	If outside corporate limit	ts, write RURAL and give
1						more /	f = 0 3 township)
	Dungth of a	tay in Baltimore	4	45 40 Mos.	24 Park	(If rural, give location)	C. S. S. S. S. S.
	SEX SEX	6. COLOR OR RACI		Days E. MARRIED.	8. DATE OF BIRTH		Il Under 1 Year   Il Under 24 Hours
7	emile	allute	ma	ED, DIVORCED (Specify	? 1879	last dirthday) Mid	onths Days Hours Min.
		CUPATION (Give kind of working life, even if retire		OF BUSINESS OR	11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N			A THE PART OF	14. MOTHER'S MAIDE	, NAME	
		?			P	3 andrekan	
15 (Yes	, WAS DECEASI	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
`					Uncent I	utkereef 2.	4 Casken St
	18. 420	)./		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	ATH	)	morardia	1 Jular ction	Austral Las
	heart failu	s not mean the mode are, asthenia, etc. It m complication which	eans the diseas	е,		- grandon	awyen ou
	mary or	ANTECEDENT CAL		.) 502 15	1	~ 1 .	
Z	571			(B)	Coronary	Occhesions	ser Mo
)E	RISE TD T	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION	) STATING TH				
ICA	ONDERE	into condition	LASI.	(	irterisale	whe C.V.D.	yens
TH		П					
ER	TRIBUTING	SIGNIFICANT CON G TO THE DEATH, BU DISEASE DR CONDITION	T NOT RELATI	ED			
7		OF OPERATION		FINDINGS OF OPE			20. AUTOPSY?
DICA	21. ACCIDI	-NT CHICLDE	21m mi	ACE OF INJURY (e.g.,	in or 1 21c. WHERE DID	(If in Baltimore City,	YES ND
EDI	HOMICIDE	ENT, SUICIDE, (Specify)		arm, factory, street, office bldg.		(II III Daltimore Olty,	give exact location)
Σ		(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID IN	JURY OCCUR?	
	INJURY		m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended the deceased from april 14, 19.52, to april 15, 19						o agent 15, 195	that I last saw the
			4, 195°2	and that death occu		om the causes and on t	he date stated above.
	23A. SIGNA	TURES. The	hoter	м. р.	238. ADDRESS W	Lambord St	4-15.52
2. T1	4A. BURIAL.	CREMA- 24B. DATE		24C, NAME OF CEMET	ERY DR CREMATORY 2	4D. LOCATION (City, town	, or county) (State)
	Bure	al Cipul	18-521	St Stangelle	rus /	300 Rundle	ADDRESS Mes
	ATE RECEIVE	REGISTRAL	R'S SIGNATU	William M.	25 FUNERAL DIRECT	B 1	ADDRESS
-	APKIO	1306 1 mil	The state of the s	Tourself My	Man Cari	Top 2101 Free	mus ay



621	
343 BALTIMORE CITY HEALTH DEPARTMENT 52 CERTIFICATE OF DEATH Registered No	3652
BIRTH NO. CERTIFICATE OF DEATH Registered No	
1. NAME OF DECEASED MAGALENA KURSUIETIS Matulation 14 A	pril'52
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	stitution: residence before admission)
HOSPITAL OR INSTITUTION Conversity Hosp. (If outside corporate limits,	write RURAL and give
c. Length of stay in Baltimore  Yrs. Mos. Days  O. STREET ADDRESS (If rural, give location)	
5. SEX   6. COLOR OF RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (In years) If U	nder 1 Year   If Uniter 24 Hours hs: Days   Hours   Min.
1DA. USUAL OCCUPATION (Givekindof Norking life, even if retired) INDUSTRY 11. BIRTUPLACE (State or foreign country) 1	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 2 14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	DRESS
(Yes, no or unknown) (It yes, give war or dates of service) SECURITY NO. 213-09-9125 Prices Russvelles 4416-	Furly ax
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	ONSET AND DEATH
Z ANTECEDENT CAUSES Zypertensive C.V. Diseas	?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  DUE TO  LIVE Above CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	7
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
, 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?  About home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH	re exact location)
O. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 4/2, 1952, to 4/14, 1952,	That I last saw the
deceased alive on 4/14/, 19 52, and that death occurred at 8 - Am., from the causes and on the	date stated above
23A. SIGNATURE Langenfelder W.O. Viniversity Hospital	4/14/52
24a. BERILL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24o. LOCATION (City, town, or TION, REMOVAL (Specify)	r county) (State)
LOCAL REGISTRAR	ADDRESS
VS 150	Cy
6404	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF JAMES COULEHAN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location? C. CITY OR TOWN INSTITUTION Johns Hopkins Hospital Baltimore Yrs. Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) Julu 16,1889 male 10A, USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Washington, D.C. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Coulehan Mary McCarthy Joan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO

none

DUE TO

DUE TO

D. STREET ADDRESS (If rural, give location) 1024 E. Chase Street 9. AGE (In years) last birthday) Months Days Hours Min. 12. CITIZEN OF U.S.A. ADDRESS Margaret Nolan 1310 Wilcox St. CAUSE OF DEATH (A) Fatty liver

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

world war 1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

11 OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-UTING T CAUSE OF DEATH.

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE

OF INJURY AT WORK

22. I certify that I took charge of the remains described above, held an \_partial autopsy the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

21c. WHERE DID

INJURY OCCUR?

23B. CHIEF MEDICAL EXAMINER .. ASSISTANT MEDICAL EXAMINER

Autopsy, Inspection or Inquiry

21F. HOW DID INJURY OCCUR?

MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

52 Cathedral DATE RECEIVED BY REGISTRAR'S SIGNATURE

Cemetery Baltimore 25. FUNERAL DIRECTOR

FICATION

April 14, 1952 before admission)

(If outside corporate limits, write RURAL and give township)

> INTERVAL BETWEEN ONSET AND DEATH

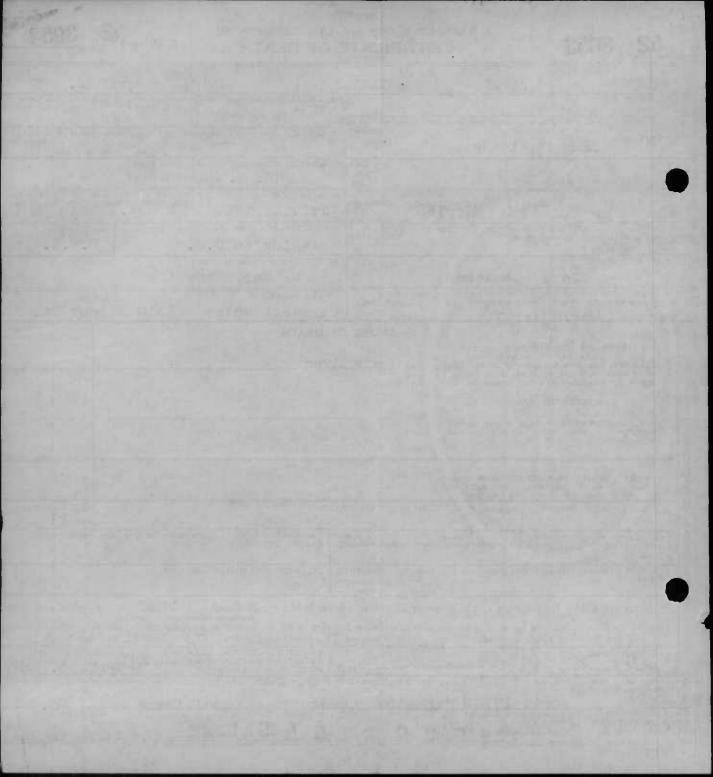
20. AUTOPSY1

YES X (If in Baltimore City, give exact location)

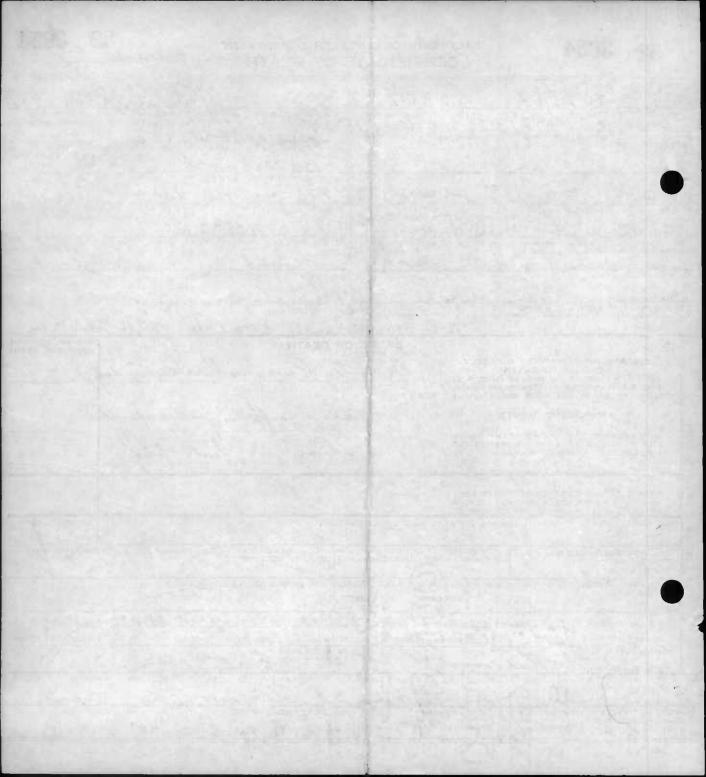
thereon and from

and death in my opinion resulted from: natural causes \( \bar{\mathbb{L}} \), accident \( \bar{\mathbb{L}} \), suicide \( \bar{\mathbb{L}} \), homicide \( \bar{\mathbb{L}} \), undetermined \( \bar{\mathbb{L}} \).

ADDRESS



122		
36 360%	MORE CITY HEALTH DEPARTMENT ERTIFICATE OF DEATH	52 3654 Registered No.
1. NAME OF DECEASED (Type or Print) 70 7 F F A	RCZAK	2. DATE OF DEATH OLAS 14 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland 2/3/1, W	4. USUAL RESIDENCE (	Where deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR INSTITUTION	1	f outside corporate limits, write RURAL and give
1911)	Yrs. O. STREET ADDRESS (III	rural, give location)
c. Length of stay in Baltimore 38	Pars 213 0. 7	nadeira Street
6. COLOR OR RACE 7. SINGLE, WIDOWED	ARRIED, DIVORCED (Specify) 8. DATE OF BIRTH	9. AGE (in years of Under 1 Year last birthday) Months Days Hours Min.
	BUSINESS OR INDUSTRY	foreign country)   12. CITIZEN OF WHAT COUNTRY?
angual Parking (a Hause	14. MOTHER'S MAIDEN N	NAME Poland
Carmier machause	ale michalina	Szymanski
Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO. 17. INFORMANT  17. INFORMANT  18. 05-499 Pelasia Romal	ADDRESS 2811 Frait and
18. 4/0 X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(1) Coute Conjuster	Carline Fulan
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE (O	
ANTECEDENT CAUSES	netral Transform	ey - deempereday
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OUE TO Quality Xhar	1. toll
	(C)	con · pay
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.	NDINGS OF OPERATION	20. AUTOPSY?
21p PLACE	OF INJURY (e. g., in or   21c. WHERE DID	(If in Baltimore City, give exact location)
	factory, street, office bldg., etc.) INJURY OCCUR?	, growing and a second
INJURY	. INJURY OCCURRED 21F. HOW DID INJUR	Y OCCUR?
	RK AT WORK	Yril 14, 1952, that I last saw the
deceased alive on april 7193 , an	that death occurred at 1 P.m., from	the causes and on the date stated above.
23A. SIGNATURE The Turkowo!	23B. ADDRESS Earle	23c. DATE SIGNED
24a. BURIAL. CREMA- TION, REMOVAL (Specify)	NAME OF CEMETERY OF CREMATORY 24D. I	LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 16:1952 1 mings	John Show	ever 401 S. Chester H
VS 150	640 42	



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AB_	157850
59	3655
150	0000

VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3655

Registered No\_ BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE George W. Clark DEATH April 13-1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospital Socation) INSTITUTION 4940 astern Ave Maryland (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 10yrs 1213 Briscoe St. zone c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED II Under I Year 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) une 11, 1892 10A. USUAL OCCUPATION (Give kind of working bedouting most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? N.C. Memon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julia Emerson Clark 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. Banton City Hospitals ADDE Cosord (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. No 4940 Eastern Av. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 48hrs. LEADING TO DEATH Gerebral Vascular Accident (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Auricular Filrillation ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (c) Multiple Emboli 3wks OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION ... Gangrene of left leg a 19A. DATE OF OPERATION 20. AUTOPSY 4-4-1952 amputation DICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK 1952 to 4-12-52 22. I hereby certify that I attended the deceased from 3-27-, 19\_\_\_, that I last saw the 1952, and that death occurred at 6.30pm., from the causes and on the date stated above. deceased alive on 4-13-23B. ADDRESS 23A STGNATUR 23c. DATE SIGNED 4940 Eastern Ave BURIAL, CREMA-TION REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR 1619

532		
BALTIMORE CITY HE	EALTH DEPARTMENT 52	3656
52 3656 CERTIFICATI		
1. NAME OF DECEASED	2. DATE	
(Type or Print) Henry Bancroft Weston	OF 4 - 14	1 - 52
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland none  C. CITY OR TOWN (If outside corporate limits, v	write RHRAL and vive
5 Midvale Road	Baltimore 27-	township)
c. Bength of stay in Baltimore life Yrs.  Days	D. STREET ADDRESS (If rural, give location)  5 Midvale Road	
5. SEX male 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1 - 2 - 71 9. AGE (In years last birthday) Month	dor I Year hs: Days Hours Min.
10A. USUAL OCCUPATION (Givekind of roth done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT COUNTRY
Clerk -U.S.Customs   Office of Comptrolle		, S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Cornelius Weston	Catherine Latrobe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   16. SOCIAL SECURITY NO.	Mrs. Ethel R. Weston - 5 Midval	RESS le Road
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	ralzed Erterwolowsis	5 yans
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
No.		YES NO L
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,		e exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
m. WHILE AT NOT WHILE AT WORK		3
22. I hereby certify that I attended the deceased from		that I last saw th
	rred at 12.25 pm., from the causes and on the	23c. DATE SIGNED
William & France _M.D.	2105 N. Charles St.	4 - 15 - 52
24A. BURTAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) burial 4 - 16 - 52 Druid Ridge	Pikesville, Marylan	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 16:1857 Huntington Williams, Mix	John O.Mitchell & Sons, Inc190	00 Eutaw Pl.
VS 150	11 19 Mutebell	

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-6	20								
AT	B-158226	The state of the s	BAL	TIMORE CITY HI	EALTH DEPARTMENT	5	2 3657		
	RTH NOZ	3657	(	CERTIFICAT	E OF DEATH	Registered No.	.5 0007		
	NAME OF D ype or Print)	ECEASED	Arth	ar Harris		OF April	13-1952		
	PLACE OF D. Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	titution: residence before admission)		
	FULL NAME			on, give strect address or location)		outside corporate limits,	write RURAL and give		
IN	2 I	Baltimore 4940 Easte	City He	spitals	Baltimore	7-0	township)		
	Onth of a	tay in Baltimore	24yr	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)  St. zone 5			
	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years If Un	der 1 Year   If Under 24 Hours		
	Male	Negre	Singl	ED, DIVORCED (Specify)	Jan. 8-1907	45	hs Days Hours Min.		
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)   12	2. CITIZEN OF WHAT COUNTRY?		
12	FATHER'S N			Sen	Virginia	AME			
"		Edward	Harris		Amanda ?	THE			
15 (Ye	, was DECEASE , no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMABEL + imer Records: 4940 Eas	City Hospita	RESS		
	18. 00 8	X		CAUSE	OF DEATH	, CIA SIVE	INTERVAL BETWEEN		
	DISEAS		CHOZI AND DEATH						
	heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e.g. ns the disease		cnary Tuberculesi	8	7		
	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES								
z	(B)								
1 0 1	RISE TO T	5 OR CONDITIONS, 11 HE ABOVE CAUSE (A) ING CONDITION LA	STATING TH						
CA				(C)					
RTIFICATION	OTHER S	II IGNIFICANT CONDI	TIONS CON						
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE!	o Conjest	ive Heart Failure				
1	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION	1-3-11-	20. AUTOPSY?		
EDICAL	214 ACCUE	ENT WAS UNDER	218. PLA	CE OF INJURY (e. g.,	in or   21c, WHERE DID (	If in Baltimore City, giv	e exact location)		
		ENT WAS UNDER- R CONTRIBUTING DEATH		arm, factory, street, office bldg.					
Σ	D. TIME	(Month) (Day) (Year)	, ,	te. INJURY OCCURE		Y OCCUR?			
				WORK NOT WHILE					
deceased alive on 1952, that I attended the deceased from 1-12-, 1952 to 1-13-, 1952, that I last saw the deceased alive on 1952, and that death occurred at 10 Pm., from the causes and on the date stated above									
	deceased a	1100 011	, 19 , 0		238. ADDRESS	ne causes and on the	23c. DATE SIGNED		
		Mas. a	103		4940 Eastern Ave.	Baltimere, Md.	4-15-1952		
Z. TI	AA. BURIAL.	CREMA- 24B. DATE	-/2	4c. NAME OF CEMET	ERY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)		
1	Burish youl 17/52 per Calracy Cem al a County Mix								
L	OCAL REGIST		a signatu	Villiania 183	ma Colect	11 Ellist	* Danalel		
	VS 150	337	0	0-000	1129 7 Co	edin &	1		
11			,	97079	// /// Ca	es une es			

Allerte ried ... I sweet an out this is the same 

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BIR	3658	

#### CERTIFICATE OF DEATH Registered No. 3658

ВІ	RTH NO.			CERTIFICATI	E OF DEATH			
1.	NAME OF D		The state			2. DATE OF		
	vpe or Print)	PASQU	ALE	VINE	or Vena	DEATH Apri		
	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE (	B. COUNTY	before admission)	
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland (I	f autaida componeta lêm	its, with RUDAL and give	
	STITUTION	Baltimore Ci	ty Hosp		Baltimore	1 outside cortistate am	township)	
				Yrs.	D. STREET ADDRESS (II	rural, give location)		
K	meth of	stay in Baltimore		Mos. Days	6608 Fait Aver			
5.	SEX	6. COLOR DR RACE	7. SINGL	E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years	ff Under 1 Year   II Under 24 Hours	
	Male ·	White		ved, DIVORCED (Specify)	March 20 1879		Ionths Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?	
	Labor	Retired		Serve	Italy		U.S.	
13	. FATHER'S	NAME	te a		14. MOTHER'S MAIDEN N	IAME		
		?			?			
	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARMEI		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	RO				Department of	public we	liare	
	18. 42	2.1		CAUSE	OF DEATH		DNSET AND DEATH	
	DISEA	SE OR CONDITION LEADING TO DEA			the Compton Compton	ome coulon Di	20020	
		s not mean the mode ure, asthenia, etc. It mes	of dying, e.	8., (A)	losclerotic Cardi	Ovascular DI	Seape	
В	injury or	complication which	caused deat	h.) DUE TO				
н	ANTECEDENT CAUSES							
Z		S OR CONDITIONS,				***************************************		
은		THE ABOVE CAUSE (A)						
CA				(C)				
ERTIFICATION	OTHER	II SIGNIFICANT COND	ITIONS CD	N-				
R	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	Eo Diahete	es Mellitus			
C	The second second	and the second s		FINDINGS OF OPER	RATION		20. AUTOPSY?	
AL.			I at at		in or   21c. WHERE DID	(If in Baltimore City,	YES ND X	
EDICA	UNDERLYIN	NAL CAUSE WAS NG  OR CONTRIB- CAUSE OF DEATH	about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(11 In Datemore Oily	, give exact location,	
Σ	210. TIME	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR		RY OCCUR?		
			m.	WORK LAT WORK				
					above, held an inspect	. Inspection of induit	U .	
	the en	vidence obtained by	said Aut	opsy, Inspection or	Inquiry, find that said	deceased died on	the day stated above,	
	ana d		resulted	from: natural cause	s , accident , suicid		23c. DATE SIGNED	
	23A. 310NA	131	Tris	her N	ASSISTANT MEDICAL	EXAMINER	4/14/52	
2. TI	4A. BURIAL. ON. REMOVAL (	CREMA- 24B. DATE Specify)		24c. NAME OF CEMETE	ERY OR CREMATORY 24D.	LOCATION (City, tow	n, or county) (State)	
	Buria	April	16/52	Holy Redeem	er Cemetery 41	30 Belair	Rd.	
D.	ATE RECEIVE	TRAR REGISTRAR	SSIGNAT	URE Ind.	25. FUNERAL BIRECTOR	1	ADDRESS	
A	PR 1619		retor	Villiams Ass	grant wells	Luce 322	S. High St.	
v	S 151		1	Com to C	5 5 6		. /	

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#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No ... CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH April 14, 1952 Alice C Rock 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland 5113 Crosswood Ave Maryland (If not in hospital or institution, give street address or (If outside corporate limits, white RURAL and give township) location) HOSPITAL OR INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 5113 Crosswood Ave c. Length of stay in Baltimore Days 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 5. SEX WIDOWED, DIVORCED (Specify) Nov. 17, 1874 Widow White Female 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY Baltimore At Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ellen Hughes Thomas Kernan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or unknown) SECURITY NO. Mr. Jos eph Rock 5113 Crosswood Ave INTERVAL BETWEEN 18. 422.1 CAUSE OF DEATH ONSET AND DEATH Arterioscleratic Carria-Vascular Disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) ..... FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION DICAL (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE! WHILE AT AT WORK 22. I hereby certify that I attended the deceased from Oct. 1946 to Hertel, 1977 that I last saw the deceased alive on Dec. 29, 1951, and that death occurred at 10 H. m., from the causes and on the date stated above. 23B. ADDRESS 23G. DATE SIGNED 234 SIGNATURE

Holy Redeemer

24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or/county)

Rita Wiedefeld,

25. FUNERAL DIRECTOR

Baltimore

ADDRESS

900 E. Biddle St

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

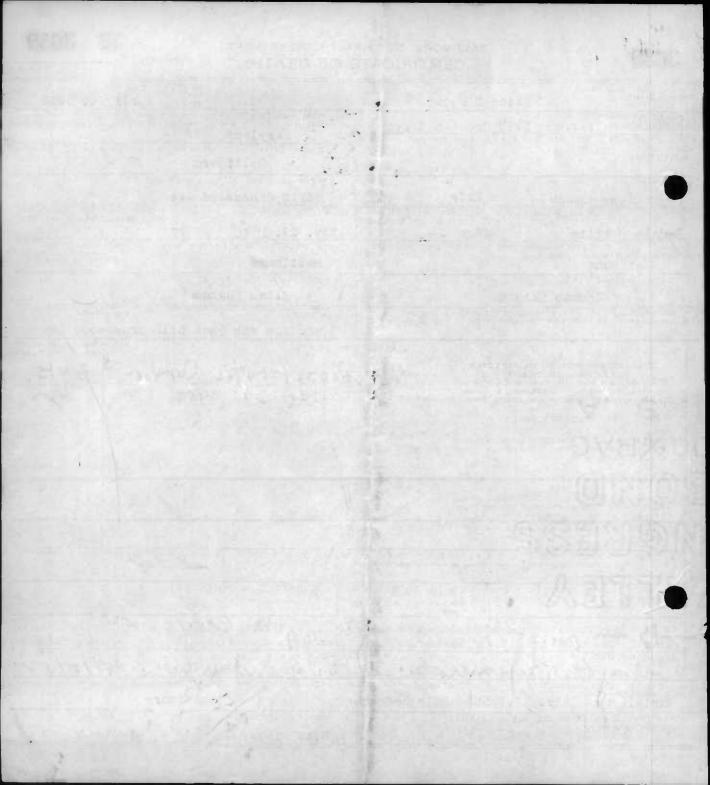
Burial

DATE RECEIVED BY

Apr. 17,1952

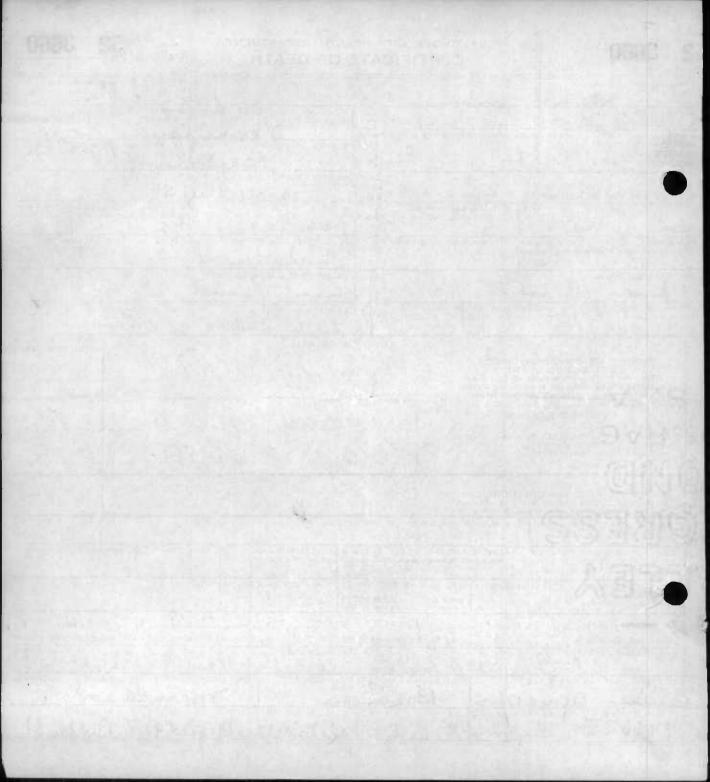
REGISTRAR'S SIGNATURE

walow

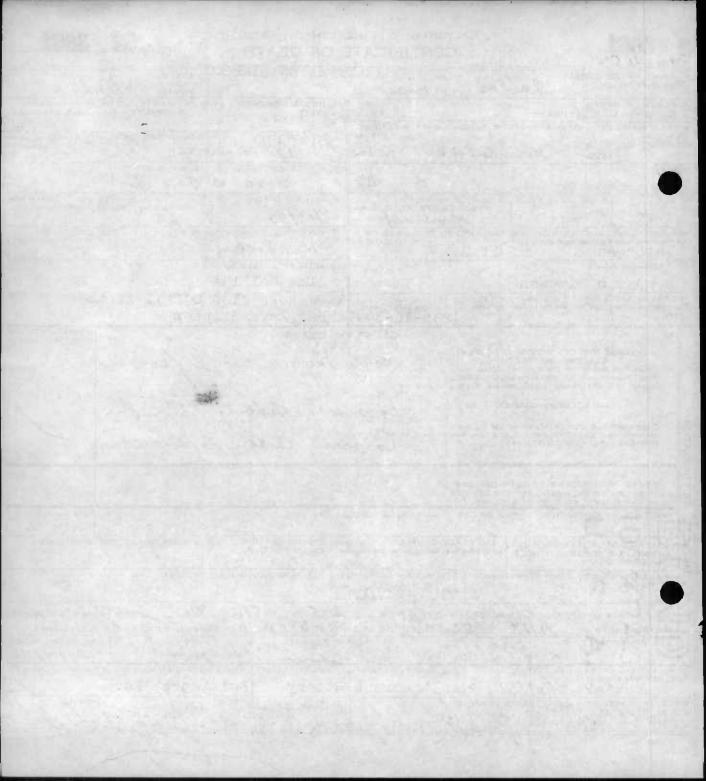


# Kessler

52	3660	0	BAL	CERTIFICATI	E OF DEATH	Registere	d No. 3660	
1.	NAME OF DI	ECEASED	1			2. DATE /	3 april 1962	
	PLACE OF D	EATH:	Lesse	d	4. USUAL RESIDENCE (V	DEATH 9	f institution; residence	
	Baltimore C	City, Maryland /	al or institut	ion, give street address or	A. STATE	B, COUNTY	before admission)	
HO	STITUTION			location)	c, CITY OR TOWN (II	outside corporate li	imits, vris RUVAL and give township)	
1	Ju	ttle sist	43 17	Yrs.	D. STREET ADDRESS (If	rural, give location)		
c.	Length of st	tay in Baltimore	3	Mos. Days	1200 Valley St			
	SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
	. FATHER'S N	?	?		14. MOTHER'S MAIDEN N	d		
-	6 harle	o Kissl			ha a the le a the	nett		
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	,	DDDRESS	
`				3233	Little Suste	- 7 to	001	
	18. 47		DIRECTIV	CAUSE	OF DEATH	,-,	ONSET AND DEATH	
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Wrong My Occardus							
	heart failu injury or							
7		3yls						
FICATION	RISE TO T	OR CONDITIONS, I	STATING TH		On On	1 1 1	Lana	
ICA	UNDERLY	ING CONDITION LA	AST.	(c)	mo-sere	rous	0 90	
	OTHER S	II IGNIFICANT COND	TIONS COM					
CERT	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	.D				
AL	19A. DATE O	F OPERATION	9B, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., io or LYING OR CONTRIBUTING DID INJURY OCCUR?  [							
Σ	P. TIME	(Month) (Day) (Year		21E. INJURY OCCURR		Y OCCUR?		
	m. WHILE AT NOT WHILE AT WORK							
	deceased a		tended the	deceased from Mand that death occur	red at 9 9 m from 1	/	9.12, that I last saw the n the date stated above.	
	23A. SIGNA		e Had		163/8-Na	rete ave	23c, DATE SIGNED	
	4A. BURIAL, ON, REMOVAL (S			24c. NAME OF CEMETE	RY OR GREMATORY 24D. L	OCATION (City, to		
_ 0	Bernal ATE RECEIVE		S SIGNATI	Jachne JRE	25. FUNERAL DIRECTOR	maryl	ADDRESS	
L	APR FIST		cton 1	Mariles Mar	Rita Wiel	would 900	6. Biddle St	
_			1					



5	12								
2	3661				E OF DEATH	Register	52No_	3661	
BI	RTH NO.								
	NAME OF Dope or Print)	Char	les	Simp	son)	S HAVEN SIMPSO	OF DEATH	4/14.	152
	PLACE OF D Baltimore C	EATH: City, Maryland				4. USUAL RESIDENCE (	Where deceased live B. COUNT		ution: residence before admission)
	FULL NAME	OF (If not in hospit	al or instituti	on, give stree	et address or location)	c. CITY OR TOWN (I	f outside corporate	lishita writ	to RIJEA Landerive
IN	STITUTION	inai Hosy	situlo	f Baltin	rose Inc.	Baltim	ALCOHOL: THE RESERVE AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE	16	township)
					Yrs.	D. STREET ADDRESS (If			
C.		tay in Baltimore		3	Days		o' DeU A		N ( R H
5.	SEX	6. COLOR OR RACE	WIDOW	E, MARRIED	ED (Specify)	B. DATE OF BIRTH		Months	Days Hours Min.
10	A USUAL OC	CUPATION (Give kind of		OF BUSIN		11. BIRTHPLACE (State or f	62 foreign country)	1 12 0	CITIZEN OF
		of working life, even if retired)			INDUSTRY	Kentucke	,		WHAT COUNTRY?
13	FATHER'S N		11 00	- 43	e GINERA	14. MOTHER'S MAIDEN N	IAME		
	Ben jami	in Simpson		10	c la exterior	Alma Collina	3		
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIA		17. INFORMANT 2100	O'Dell	ANBOR	<b>15</b> 5
,	10	(11 you, give war or date	or mar vacay	235-1	0-8447	Mrs. Xava Sin	npson	N	
ERTIFICATION	UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-								
U		F OPERATION		FINDINGS	OF OPER	ATION			20. AUTOPSY?
CAL		7							YES 4 NO
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCC							(If in Baltimore C	ity, give e	exact location)
Σ	21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJUR	YOCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
			m.	WHILE AT WORK	NOT WHILE				
	22. I hereb	y certify that I, at	ended the	deceased j	rom	3/15 , 1957 to	4/14 ,1	1957th	at I last saw the
6	deceased a		_, 195.6	and that d		red at 640 pm., from	the causes and		
	23A. SIGNA	Mari 1	mille		M 0	38. ADDRESS	spital	23	Y/14/52
2.4 TIC	N, REMOVAL (S			24c. NAME Baltim		4	timore, N		ounty) State)
D,	ATE RECEIVE	D BY   REGISTRAR			خمين	25. FUNERAL DIRECTOR HENRY SANDER &	ahul -	ADI	RES
-	VS 150	0	1 7 4	11.0/11.0	W.	1011 (31 - 1) 1 1 34 1 MI	1		
A				7	634	S	1		

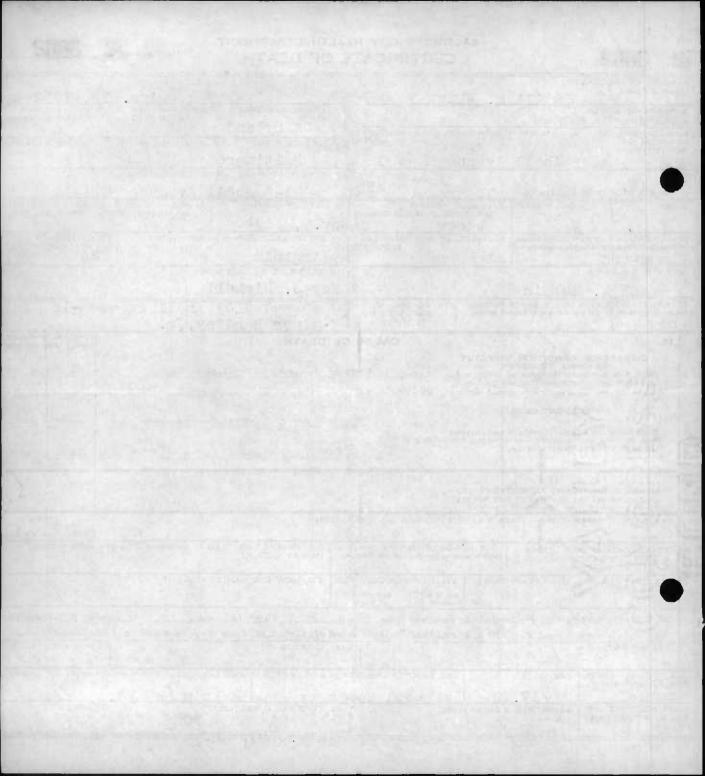


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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

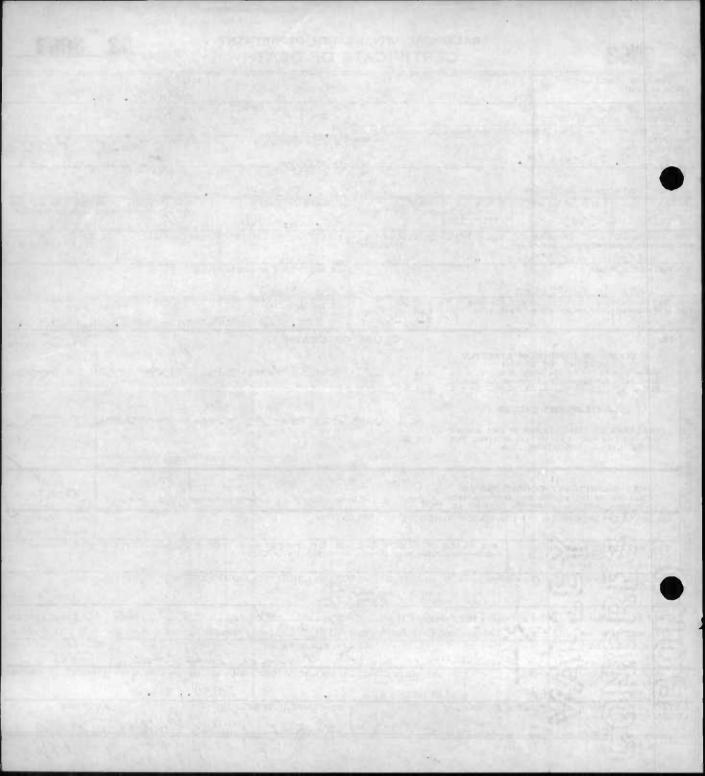
Registered No. 3662

BIRTH NO.									
1. NAME OF DECEASED (Type or Print) LOTTIE	M. HUNI	DLEY		2. DATE OF DEATHADY	14, 1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE A. STATE Maryland	(Where deceased lived,					
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION	al or institution,	give street address or location)	c. CITY OR TOWN		its, wate ROMAL and give township)				
3143 Abell	Avenue		Baltimor		township)				
c. Length of stay in Baltimore	30 yr	Yrs. Mos. Days	D. STREET ADDRESS						
5. SEX 6. COLOR OR RACE	7. SINGLE, N	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year It Under 24 Hours Months Days Hours Min.				
F W	Widor		Nov.9, 1874	77					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	at home	F BUSINESS OR INDUSTRY	Virginia	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Housework 13. FATHER'S NAME	at nome	5	14. MOTHER'S MAIDEN	NAME	ODA				
Frank W. Mullin			May J. Miske						
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	D FORCES?   1	6. SOCIAL	17. INFORMANT 314		ANDDRESS 18				
no	s of service)	none	Dr. Alwyn Hund		77.40				
18. 422.1		CAUSE	OF DEATH		INTERVAL BETWEEN				
DISEASE OR CONDITION	DIRECTLY		1 1 1 1		DINSEL AND DEATH				
(This does not mean the mode of	of dying, e.g.,	(A) 500	& Bronchopn	enmonia	3 days				
heart failure, asthenia, etc. It mea injury or complication which of	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD								
ANTECEDENT CAUS	ANTECEDENT CAUSES								
(B) Cadrae decompensalin Several was									
RISE TO THE ABOVE CAUSE (A)	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  CILLIO Scluvin, Jenual + Wishal Many year								
OTHER SIGNIFICANT CONDI									
OTHER SIGNIFICANT CONDI	NOT RELATED								
U TO THE DISEASE DR CONDITION		INDINGS OF OPER	ATION		20. AUTOPSY?				
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	SB. MAJOR P	INDINGS OF OPER	ATTON		YES ND P				
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING DEATH  21B. PLACE OF INJURY (e. g., in or line) 21C. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR?									
D. TIME (Month) (Day) (Year)	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
		ORK NOT WHILE							
22. I hereby certify that I att	22. I hereby certify that I attended the deceased from 19, 1972, to april 14, 195, that I last saw th								
	deceased alive on afril 12, 1952, and that death occurred at 6:00m., from the causes and on the date stated about								
23A. SIGNATURE	den Horica	nd M.D. 2	12 Ent Ege St	Balte, Ind	april 15-152				
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	240	C. NAME OF CEMETE	RY DR CREMATORY 24	LOCATION (City, tow	vn, or county) (State)				
burial 4/17.				altipore, Mo	ADDRESS				
DATE RECEIVED BY REGISTRAR LOCAL REGISTRAR Hunting	ton Mil	. 0 0	HENRY SANDER	& SONS, IN					
VS 150	1851	Marin Marin	Dan Till a 10 TO	ID V	1				



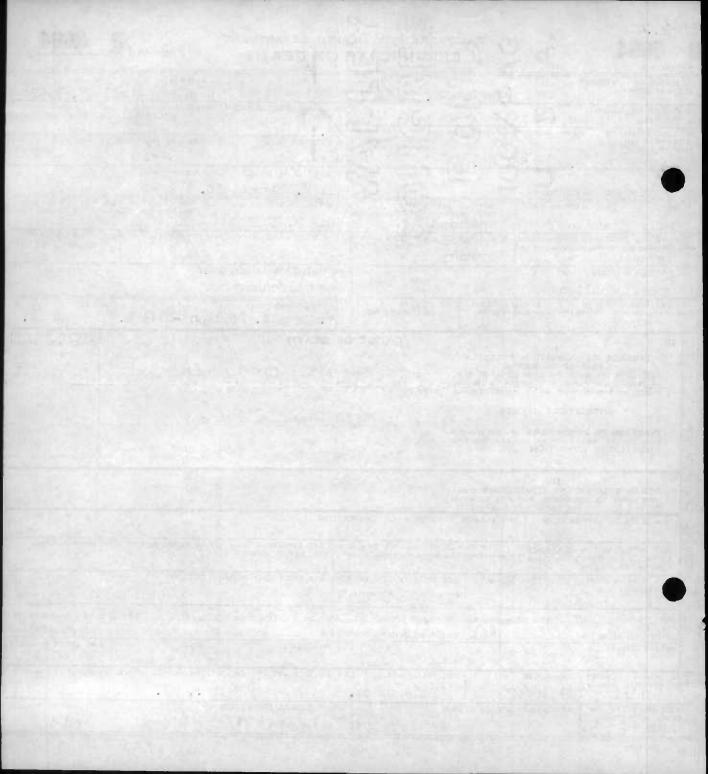
0 00	200			EALTH DEPARTMENT		3663
BIRTH NO	563	CEF	RTIFICATI	E OF DEATH	Registered No.	0000
1. NAME (Type or Pr		S C BECKHII	SEN		2. DATE OF DEATH APP. 13	3. 1952
A. Baltimo	ore City, Maryland			A. STATE	(Where deceased lived, If ins B. COUNTY	
B. FULL N. HOSPITAL INSTITUTI	OR ON	tal or institution, giv	e street address or location)	3150	If outside corporate limits, v	vrite RUPAL and give
18	N. Pulaski St.		Yrs.	Baltimore o. STREET ADDRESS (	lf rural, give location)	00
c. Length	of stay in Baltimore		Mos. Days	18 N. Pulaski S	St.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MAR	RIED.	8. DATE OF BIRTH	9. AGE (In years) If Unc	der 1 Year   If Under 24 Hours
male	white	married	VORCED (Specify)	Dec. 24, 1884	67	hs Days Hours Min.
rork done during	L OCCUPATION (Give kind of gmost of working life, even if retired.		USINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12	2. CITIZEN OF WHAT COUNTRY
13. FATHE	r's NAME	T. —		Maryland 14. MOTHER'S MAIDEN	NAME	
Lon	is C. Beckhusen			Lena Bitzel		
15. WAS DE	CEASED EVER IN U. S. ARME	D FORCES?   16. S	OCIAL	17. INFORMANT	ADD	RESS
(1 ca, no or unit	nown) (If yes, give war or date		-01-5298	Mrs. Ada Bec	khusen - 18 N. 1	
18. U	20.1		CAUSE	OF DEATH		INTERVAL BETWEEN
D	SEASE OR CONDITION	DIRECTLY	/	1	A.	ONSET AND DEATH
	LEADING TO DEA	TH		ulmana	a Vederm	1 Augus
hear	does not mean the mode failure, asthenia, etc. It me	ans the disease,	(A)	and the same of th		
injur	y or complication which	caused death.)	UE TO		6)00	0
Z	ANTECEDENT CAU	SES	(B)	my E	in belisson	1 day
RISE	ASES OR CONDITIONS, TO THE ABOVE CAUSE (A)	STATING THE	UE TO			0
Y UND	ERLYING CONDITION L	AST.	(C)	<u> </u>	,	
L.	- 11					
	ER SIGNIFICANT COND		L. 1. 1.	(1.1.	///	3Wes
	HE DISEASE OR CONDITION		The Comment		m mans	
19A. DA	TE OF OPERATION	19B. MAJOR FIND	INGS OF OPER	RATION		20 AUTOPSY?
Z Z		L OID BLACE OF	- INTURN ( :	n or   21c. WHERE DID	(If in Poltimone City give	YES NO
LYING	CCIDENT WAS UNDER.  OR CONTRIBUTING  OF DEATH		FINJURY (e. g., i ory,street,office bldg.,		(If in Baltimore City, give	exact location)
	ME (Month) (Day) (Year URY	) (Hour)   21E. II	JURY OCCURR	ED 21F, HOW DID INJU	RY OCCUR?	
1143	URI	m. WHILE A	NOT WHILE			
22. I h	ereby certify that I at	tended the decea	sed from	10 1948, to	1952,	that I last saw th
		, 1932, and the		rred at 7 . m., from		aate statea above 23c. DATE SIGNED
23A. SI	GNATURE	Tember	М. D.	121 medical (	Los Fala	4/15/59
THON, REMO	AL. CREMA- VAL (Specify)				LOCATION (City, to)vn, or	county) (State)
Buri			don Park		alto, Md.	DDRESS
DATE REC	GISTRAR 4 - AR	'S SIGNATURE	1600 MT	25 FUNERAL DIRECTOR	links C	Y VA
	5:1052 Huntin	dain Marie	ace, Mich	SAM PAIN	munur !	SIVA
VS 1	50	0	Annual Contract		1) 04	- 6 1/10 4

50244 Batto 17, Ma-



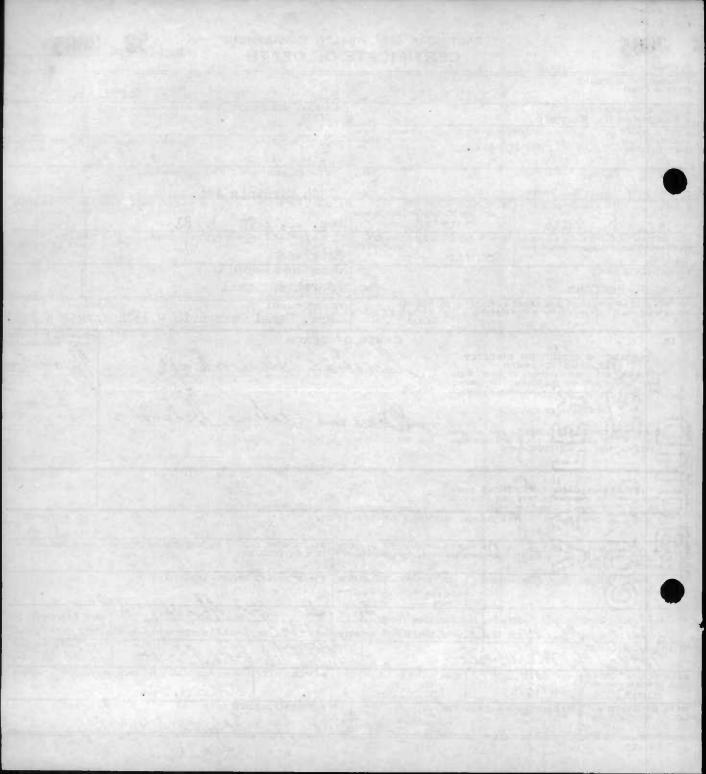
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ВІ	RTH NO.								
	NAME OF D	ECEASED	PEMBRO	KE T. POULTON			ril 13, 1952		
3. A.	PLACE OF D Baltimore (	EATH: City, Maryland			A. STATE	CE (Where deceased lived, I B. COUNTY	f institution: residence before admission)		
HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or instituti	ion, give street address or location)	c. CITY OR TOWN	(If outside comparate limi	ts, write lWRAL and give township)		
1	ED.	111 E. Clemer	nt St.		Baltimore		9. 9.		
				Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)			
	the state of the s	tay in Baltimore		Days	111 E. Clemer		W. H. J. V		
5.	SEX	6. COLOR OR RACE		E, MARRIED, (ED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) M	If Under 1 Year   If Under 24 Hours onths Days Hours Min.		
	male	white		ried	June 2, 1881	70			
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (Stat	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	Paymast	er	Brew		Maryland				
13	. FATHER'S				14. MOTHER'S MAID	EN NAME			
	Robert	Poulton			Mary Didenho	ver			
15	. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
(10	no	(11 yes, give war or date	3 01 801 1100)	SECORITI NO.	Mrs Anna A. I	Poulton - 111 E	. Clement St.		
	18. 331	X		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEA	SE OR CONDITION	DIRECTLY	b			2		
		LEADING TO DEA's not mean the mode of	TH	(A) Con	mary Occ	lusion			
	heart failt	are, asthenia, etc. It mea	ns the diseas	e,	0				
	ANTECEDENT CAUSES Left hemonlegia								
6		S OR CONDITIONS, I			· · · · · · · · · · · · · · · · · · ·	/			
F	UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	THE DUE TO	entence -	Cerebral tramo	whose.		
FICATION				(C)	/-/				
		11							
CERT		SIGNIFICANT CONDI			ì				
S	TO THE E	SEASE OR CONDITION	CAUSING I	т	DATION		20. AUTOPSY?		
٢	19A. DATE	OF OPERATION 0	19B. MAJOR	FINDINGS OF OPE	RATION		YES NO		
S	211 4661	DENT WAS LINED	21B. PL	ACE OF INJURY (e. g.,	in or   21c. WHERE DID	(If in Baltimore City,			
MEDICAL	LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH		farm, factory, street, office bldg.,					
2	D. TIME	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURF	RED 21F. HOW DID II	NJURY OCCUR?			
	INSORT		m.	WHILE AT NOT WHILE		the second second			
	22 1 hama	has contifue that I at	tandad the	/-	jul 10-, 1952	to Ceyan 13, 195	that I last saw the		
deceased alive on Lynn - (a., 1951, and that death occurred at									
	23A. SIGNA		1101		238. ADDRESS	1 00 1 21	23c. DATE SIGNED		
10		Lie	K do	argo M.D.	1800 W	. Charles of	14/15/52		
2	AA. BURIAL, ON, REMOVAL (	CREMA- 24B. DATE		245 NAME OF CEMET	ERY OR CREMATORY	24D. LOCATION (City, tow	n, or county) (State)		
11	Buria.		2	Western Cem		Balto, Md.			
D	ATE RECEIVE	ED BY   REGISTRAR	'S SIGNATI	JRE 110	25 FUNERAL DIREC	TORY.	ADDRESS		
L	APR 16	1952 Thurt	nglow	Wallaur, Mg	Krana /2	Molener,	Vxais		
	VS 150	the state of the s	7 1. 2}	390	46	Batta	emd.		



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

		the state of the s	
1. NAME OF DECEASED (Type or Print)	DAVID HARTZELL HOR	FFMAN 2. DATE OF DEATH April 14, 1950	2
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution : resident A. STATE B. COUNTY before admit	
B. FULL NAME OF (If not in hospits HOSPITAL OR 13324 Virgini	al or institution, give street address o location	c. CITY OR TOWN (If outside corporate limits, write RURAL, an tow.	nd give
69	Yrs. Mos.	Baltimore D. STREET ADDRESS (If rural, give location)	
5. SEX   6. COLOR OR RACE	7. SINGLE, MARRIED.	332  Virginia Ave.   8. DATE OF BIRTH   9. AGE (In years)	24 Hours
male white	WIDOWED, DIVORCED (Specify married	B. DATE OF BIRTH  9. AGE (In years if Under 1 Year Months: Days Hours 81	Min.
10A. USUAL OCCUPATION (Give kind of york done during most of working life, even if retired)	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF	
Clerk	Printer	Maryland	KIKII
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John M. Hoffman	96	Sarah Hartzell	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO. NONE	Mrs. Ethel Bedsworth - 3324 Virginia	Ave.
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication which complication which complication which complication which complication which complication conditions are to the above cause (A) underlying condition has underlying condition has complicated as the complete comp	raused death.)  DUE TO  SES  FANY, GIVING STATING THE  DUE TO  (C)	ne actus Schems?	
	9B. MAJOR FINDINGS OF OPE		SY7
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or   21c. WHERE DID (If in Baltimore City, give exact location	
D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCUR!  WHILE AT NOT WHILL AT WORK		
22. I hereby certify that I att deceased glive on 15 14 231 AIGNATURE	ended the deceased from the 1912, and that death seer	rred at 1.30 2m., from the causes and on the date stated a 239 ADDRESS  WELST MINISTERS	above.
tion, removal (Specify) Burial 4/17/5	24c. NAME OF CEMET LOTTAINE PA	//	State)
DATE RECEIVED BY REGISTRARS	s signature Miliaus, Mi	I ADDRESS ADDRESS	
VS 150		Balto.17, Mrd.	



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3666

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF JAMES RYDER MURPHY, JR. April 15, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate mits, write RURAL and give township) 3708 Duvall Ave. Raltimore Yrs. D. STREET ADDRESS (If rural, give location c. Length of stay in Baltimore Davs 3708 Duvall 8. Date of Birth 6. COLOR OR RACE 9. AGE (In years If Under 1 Year last birthday) Monthe: Daye 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Hours! Min. Aug. 9, 1886 white married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY silver salesman Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barrodm James R. Murphy, Sr. Margaret Snow 15. WAS DECEASED EVER IN U, S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Elizabeth Murphy, 3708 Duvall Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Pulmonary Edema Carcinoma of the Lung LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Haltimore City, give exact location 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) NOT WHILE april 15, 1957 that I last saw the 22. I hereby certify that I attended the deceased from. 5 P.m., from the causes and on the date stated above. deceased alive on april / 1950, and that death occurred at\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Druid Ridge Cem. Pakesville, Md 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

2	500 3667 RTH NO.	CER	TIFICATE CEF		1-22-52	Registered		3667,
1. (T	NAME OF D ype or Print)	Gladus 1	Nynn		I 4. USUAL RESIDENCE	2. DATE OF DEATH  (Where deceased lived, I	12, //- 5	2
В. Н(	Baltimore ( FULL NAME DSPITAL OR STITUTION	City, Maryland	al or institution, giv	e street address or location)	A. STATE Maryla	B. COUNTY  If outside corporate im	0	before admission)
c	gth of s	tay in Baltimore	214	Yrs. Mos. Days	D. STREET ADDRESS (	f rural, give location)	( Under 1 Y	fear   If Under 24 Hours
10	Emale DE LA USUAL OC	COL CUPATION (Give kind of	WIDOWED DI	VORCED (Specify)  1 Arthur d  USINESS OR INDUSTRY	10-17-1908 11. BIRTHPLACE (State or	last birthday)	lonths D	Days Hours Min.
-6	FATHER'S N		Hotel	, INDUSTRY	14 MOTHER'S MAIDEN	Harrie Vent		HAT COUNTRY
		ED EVER IN U.S. ARMEI (If yes, give war or date		SOCIAL SECURITY NO.	17. INFORMANT Walter Wyn	en 1040 7	addres Go	ry St
ERTIFICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA s not mean the mode of re, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. g., uns the disease, eaused death.)  EES  F ANY, GIVING STATING THE	(A) Post	Partum Hem	U		ITÉRVAL BETWEEN
ERTIF	TRIBUTING	II  SIGNIFICANT COND  TO THE DEATH, BUT  SEASE OR CONDITION	NDT RELATED					••••••••••••••••••••••••
LC	19A. DATE C	OF OPERATION 1	9B. MAJOR FIND	INGS OF OPER	RATION			YES ND
MEDICA	UNDERLYIN UTING []	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)	about home, farm, fact		etc.) INJURY OCCUR?	(If in Baltimore City,	give ex	act location)
	the ev	eath in my opinion	said Autopsy,	Inspection or language natural causes	Autops: Inquiry, find that said  A accident, suicio  23B. CHIEF MEDICAL ASSISTANT MEDICAL	le []. homicide [], L EXAMINER [] 2 L EXAMINER []	the day undete	reon and from  y stated above  rmined  .  TE SIGNED  -52
TIL	AA. BURIAL, ON REMOVAL (S OLINIAL ATE RECEIVE DCAL REGIST APR 16	D BY   REGISTRAR	52 24c. N S SIGNATURE	AME DE CEMETE	RY DR CREMATORY 240.  125. FUNERAL DIRECTOR	A. A. Co	101	nty) (State)
V	S 151		0	6908	B	17 E. Tr	estor	w SX

Westelon Deternal Hortality Com .

SINGLE, MARRIED

WIDOWED, DIVORCED (Specify) M

16. SOCIAL

DUE TO

SECURITY NO

10B. KIND OF BUSINESS OR

Mos.

Days

INDUSTRY

. /	3668
Registered	6 0000
	April 1942
Where deceased lived. If	institution: residence before admission)
Beltin	unl
	ts, write RURAL and give
Cayonsvil	le r township)
rural, give location)	. +
e State Ho	spile.
9. AGE (In years last birthday)	ft Under 1 Year If Under 24 Hours on the Days Hours Min.
oreign country)	12. CITIZEN OF WHAT COUNTRY?
Pirfina	U.S.A.
IAME ()	
ie Selva	
	DDRESS -28-
del - 25 s	antodale
	INTERVAL BETWEEN
	ONSET AND OEATH
	7 days.

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(se, no or unknown) (If yes, give war or dates of service)

ngth of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

ook's telper

13. FATHER'S NAME

ERTIFICATION

Ū

DICAL

6. COLOR OR RACE

ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,

CAUSE OF DEATH

OUE TO

ACE (State or !

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or ebout home, farm, factory, street office bids., etc.) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

NO. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR3

195 6 to

21c. WHERE DID

INJURY OCCUR?

WHILE AT NOT WHILE! AT WORK

22. I hereby certify that I attended the deceased from. deceased alive on. 19 CL and that death occurred at 6:45 Pm., from the causes and on the date stated above.

23B. ADDRESS

, 19 52 that I last saw the

ION (City, town, or county)

(If in Baltimore City, give exact location)

AUTOPSY?

NO

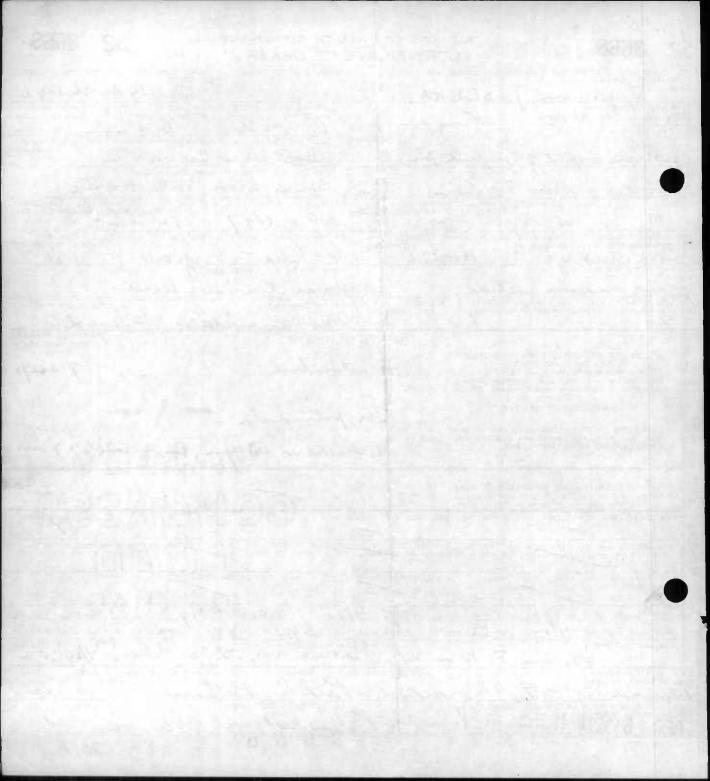
BURIAL, CREMA-REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

INJURY

23A. SIGNATURE

VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY before admissi 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN f outside corporate limits, write RURAL and give INSTITUTION mase (If rural, give location) Yrs. Mos. gth of stay in Baltimore Dave 7. SINCLE, MARRIED, WLOWED, DIVORCED (Specify) 6. COLOR OPPRACE If Under 1 Year 5/SFX 8 DATE OF 9. AGE (in years) last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign gountry) 12. CITIZEN OF INDUSTRA WHAT COUNTRY? aome 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL INFORMANT ADDRESS (Yes, no or nuknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DHE TO ANTECEDENT CAUSES With well RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES NO (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH Σ 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT WORK 1952 to april 14, 1952, that I last saw the 22. I hereby certify that I attended the deceased from + pice 1 } deceased alive on april 11 19 12 and that death occurred at \_m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24D. LQCALION (City, town, or edunty) 24A BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 25. FUNERAL DIRECTOR APDRESS

VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

The Steelan

# 550 Dr. Golley BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$2 3670

BI	RTH NO.				
	NAME OF DECEASED ype or Print)	Lizabeth Hammen		2. DATE OF DEATH April	
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	B. COUNTY	titution : residence before admission)
HC	OSPITAL OR	tal or institution, give street address or location)		outside corporate limits, w	vrite EUR L and give township)
1		Yrs.	D. STREET ADDRESS (If	rural, give location)	* F
	Bength of stay in Baltimore	Mos. Days	3400 White A		
_	SEX   6. COLOR DR RACE	7. SINGLE, MARRIED,	B. DATE OF BIRTH	9. AGE (in years) If Und	ler I Year   If Under 24 Hours
e.	male white	widowed, Divorced (Specify) married	Oct.27,1871	last birthday) Month	ns Days Hours Min.
10 orl	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) at home	( 10B. KIND OF BUSINESS OR INDUSTRY	Baltimore, Ma:		CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Andrew Perry		Jane ?		
15	. WAS DECEASED EVER IN U. S. ARME		17, INFORMANT	ADD	RESS
Yes	s, no or uoknown) (If you, give war or date	en of nervice) SECURITY NO.	Mr. Louis W.	Hammen, 3400	White
	DISÉASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of ANTECEDENT CAUS	of dying, e. g., ans the disease, caused death.) DUE TD	general Ca.	the Taxuela	- Terra
ICATION	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO	D. S. F. Lat. M.	T Way	4 Nazz
CERTIFICA	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
		198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY7
CA		Late Builds of Indian	io or   21c. WHERE DID (I	If in Baltimore City, give	YES ND
MEDI	21A, ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		I in Battimore City, give	e exact location)
-	ID. TIME (Month) (Day) (Year FINJURY	r) (Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE  MORK AT WORK		OCCUR?	
	22 I hamaha aantifu that I at	ttended the deceased from	2 1-2 (	6/15 195	that I last saw the
		19 5 and that death occur		he causes and on the	
	23A. SIGNATURE	9-ac  2	23B. ADDRESS		23c. DATE SIGNED
2	4A. BURIAL CREMA- 24B. DATE	X 24C. NAME OF CEMETE	ERY OR CREMATORY   2/4D. L	OCATION (City, town, or	county) (State)
TI	AA. BURIAL CREMA- 24B. DATE ON, REMOVAL Specify, Burial 4-18-5	/		ltimore, Mar	
	ATE RECEIVED BY   REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	A	DDRESS
L	DR 161952 Hunting	Edwards Miller	Leonard J. Ruc	k, 5305 Harf	ford Road
	VS 150	A RESTORATION OF THE PARTY OF T	660		
1					

BEL 108 LINE The party of the party of alterial and wo Carried Control THE IN A COLOR OF STREET AND PLUTON THE Robert Speak without of the The Park Street St. HE CONTROL OF A CHARLES AND A CONTROL OF THE CONTRO

101	BALTIMORE CITY HE	ALTH DEPARTMENT		et a et a esta de
BIRTH N3671	CERTIFICATI	E OF DEATH	Registered No	3671
I. NAME OF DECEASED (Type or Print) Ge(	orge Henry Sperle	in	2. DATE OF DEATH APPI	1 15, 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (WI		
B. FULL NAME OF (If not in hospite HOSPITAL OR INSTITUTION	al or institution, give street address or location) etwood Avenue	Maryland c.city or town (if o	outside corporate limits	writ BURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If ro		
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Mulast birthday) Mont	nder i Year   If Under 24 Hours ths Days   Hours   Min.
male White	JOB. KIND OF BUSINESS OR	Feb. 27, 1894	reign country)   1	2. CITIZEN OF
ork done during most of working life, even if retired) etired Police Offi  13. FATHER'S NAME	cer, Balto City			WHAT COUNTRY?
Martin Sperlein		14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Florence		DRESS 010Fleetwoo
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication which complete the comp	ns the disease, aused death.)  DUE TO  SES  (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	yeury the	ionfore	i Iday syes
TO THE DISEASE OR CONDITION		RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bidg., (e. farm) 21E. INJURY OCCURR	etc.) INJURY OCCUR?	in Baltimore City, gi	ve exact location)
INJURY	m. WHILE AT NOT WHILE			
	, 1952. and that death occur		e causes and on the	
23A. SIGNATURE	MCHON M.D.	) W. Orceles	lun	4/15/52
24A. BURIAL CREMA- TION, REMOVAL (Specify) Burial 4-18-		emetery Bal	cation (City, town, o	
DATE RECEIVED BY REGISTRAR APR 16 1952	the SIM HOLLING Mayo	25. FUNERAL DIRECTOR Leonard J Ruck,	5305 Harf	ord Road
VS 150	773	93069		

has been a fine to the beautiful to the state of the particular and the beautiful to the be Dr. Benson

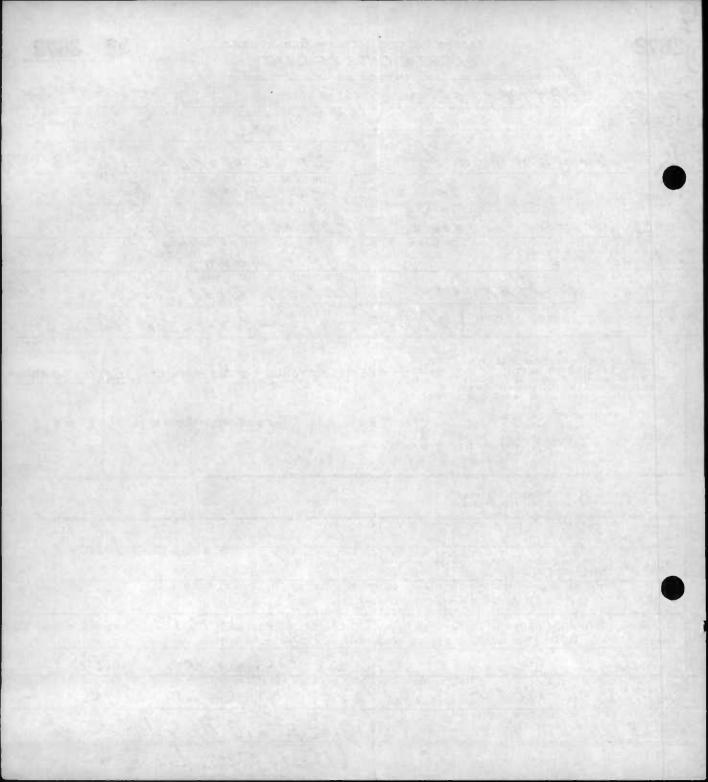
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water I to lot of the cone of the cone

6	,52				
BIE	3672 RTH NO.		EALTH DEPARTMENT E OF DEATH	Registered No.	3672
1.	NAME OF DECEASE	FRINE J. 9	PAN Z	2. DATE OF DEATH	- 1957
Α.	PLACE OF DEATH: Baltimore City, Maryland		A. STATE		tution : residence before admission)
HO	SPITAL OR OF (If not in hospital SPITAL OR 65 TITUTION 604 LEM	mon of hereit address of location	C. CITY OR TOWN . (If	outside corporate limit.	te RillAl and give ownship)
c.	Length of stay in Baltimore	36 Yrs.	1604 LEM	rural, give location)	
15	MALE White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	Aug 1879	9. AGE (In years     Under   Months	I Year If Under 24 Hours Days Hours Min.
10/ work	denotiving most of working the countries of the countries	OB. KIND OF BUSINESS OR INDUSTRY	11. BORTHELACE (State or fo	///0	CITIZEN OF WHAT COUNTRY?
13.	PATRICK H	98 MON	LEVINIA BA	EA don	
15. (Yes	WAS DECEASED EVER IN U.S. ARMED I	f service) 16. SOCIAL SECURITY NO.	MANGARE + P. S.	PENCER LEN	556 140NSH
	18. #22.1  DISEASE OR CONDITION DE  LEADING TO DEATH  (This does not mean the mode of		of Déath rioscleratic Carde	uvascular Diso	INTERVAL BETWEEN ONSET AND DEATH
	heart failure, asthenia, etc. It means injury or complication which cau	the disease,			
NO	ANTECEDENT CAUSE DISEASES OR CONDITIONS, 15 /	ANY, GIVING	minal Broncho	preumania	zdays
ICATI	RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST	TATING THE DUE TO			
CERTIFICATION	OTHER SIGNIFICANT CONDITI TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION O	OT RELATED			
		MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, etreet, office bldg.		f in Baltimore City, give	
4	TIME (Month) (Day) (Year) (INJURY	Hour) 21E. INJURY OCCURF  WHILE AT NOT WHILE MORK AT WORK		OCCUR?	
	22. I hereby certify that I attendeceased alive on April 14,	nded the deceased from Mo	red at 1954 to H	pril 15, 1954th	nat I last saw the
	23A. SIGNATURE		206 S. Gilmor	1 2	4 16 52
7/0	REMOVAL (Specify)	SY LOUGON	RY OR CREMATORY 24b.	ALTO M	ounty) (State)
	TE RECEIVED BY REGISTRAR'S	SIGNATURE	25 RUNERAL DIJECTOR	m. Walk	DRESS
	VS 150	0	HACKY Ola	reter of	



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered 12 3673

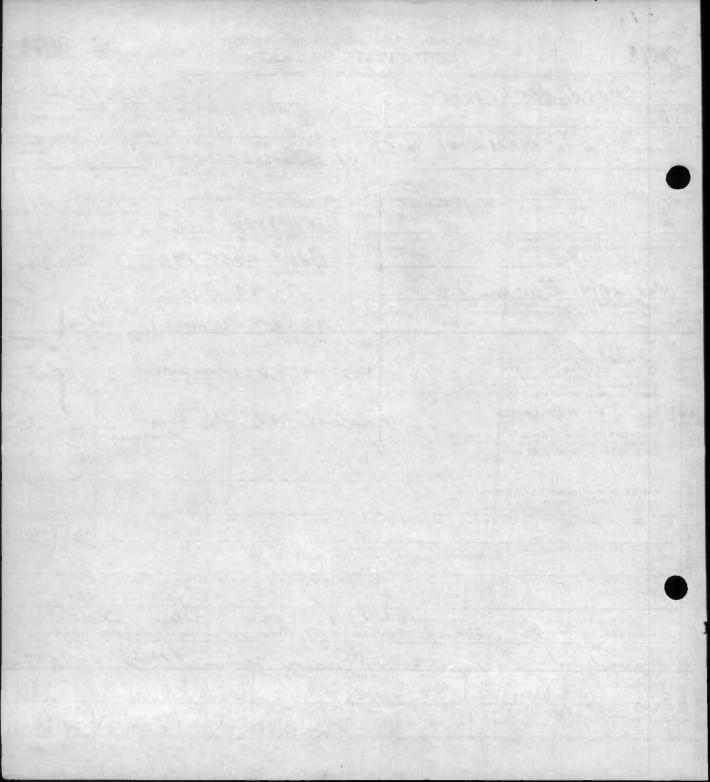
	BIRTH NO.							
	1. NAME OF DECEASED (Type or Print)	WDV CODIIC		2. DATE OF Annil	1/ 1052			
	3. PLACE OF DEATH:	NRY SOBUS	4. USUAL RESIDENCE (WI	here deceased lived. If ins				
	B. FULL NAME OF 'f not in hospital	or institution, give street address or	Maryland	B. COUNTY	before admission)			
	HOSPITAL OR INSTITUTION	location)		outside corporate limits				
	Johns Hopki	ins Hospital	Baltimore	1	township)			
		487R3 Yrs. Mos.	D. STREET ADDRESS (If re	iral, give location)				
c	ength of stay in Baltimore	Days		altimore Street				
		7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		9. AGE (In years) Month	der I Year   If Under 24 Hours hs: Days Hours Min.			
		MARRIEO	JULY 1895	56				
	work done during most of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12	2. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME	IMBLES BROS.	POLAND		U.S.A.			
		Clothigla	14. MOTHER'S MAIDEN NA!	ME				
	TOHN SOBUS.	200550	JULIA					
	(Yes, no or unknown) (If yes, give war or dates of	service) SECURITY NO.	17. INFORMANT		RESS			
	No	216-10-3739	FRANCES N SOB	US 1811 E BI				
			OF DEATH		ONSET AND DEATH			
	DISEASE OR CONDITION DI LEADING TO DEATH		www.com	7				
	(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which cau	the disease,	liver coronary an	rter, aclerosi	L E			
	ANTECEDENT CAUSES							
	7 DISEASES OF CONDITIONS IN	(B)	***************************************					
	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST	TATING THE DUE TO						
	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST  OTHER SIGNIFICANT CONDITI TRIBUTING TO THE DEATH, BUT NO	(C)						
	11							
	OTHER SIGNIFICANT CONDITI							
21	TO THE DISEASE OR CONDITION C							
	19a. DATE OF OPERATION 19B	. MAJOR FINDINGS OF OPERA	ATION		YES X NO			
	(1   21A, EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et	ter 21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	e exact location)			
1	2 21D. TIME (Month) (Day) (Year) (H		D 21F. HOW DID INJURY	OCCUR?				
4		mi. WHILE AT NOT WHILE						
	22. I certify that I took charge	of the remains described a			thereon and from			
	the cvidence obtained by sa	aid Autopsy, Inspection or In	nguiry, find that said dee	eased died on the	day stated above.			
	and death in my opinion re	sulted from: natural causes	X, accident , suicide	], homicide [], und	letermined .			
	Stanley H. De	ulacleer M.	238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX D. MEDICAL INVESTIGATOR	KAMINER 🔼   A - 72	DATE SIGNED 11 15, 1952			
	TION, REMOVAL (Specify)		RY OR CREMATORY 24D. LO		county) (State)			
	BURIAL APRIL 181	1952 ST STANISLAU.	S CEMETERY DU	INDALIK AUE	· NO			
		SIGNATURE	25. FUNERAL DIRECTOR		DDRESS			
	APP 16:19=0 H 4: 7	the William O wint	Nother Bono.	1800 E LOM	BARD ST			
	V S 151	The state of the s	- 00		W.			

See Document File 52-3673
Medical (Asst) Examiner's letter

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3	674

#### BALTIMORE CITY HEALTH DEPARTMENT Registered No. 2 3674 CERTIFICATE OF DEATH

BIRTH	I NO.			CERTIFICATI	E OF DEATH		
Type or Print) MRS AGNES KEARNEY						2. DATE OF	1/11/1-
TAbe	of Frint)	RSAGNES	KEARI	NEY		DEATH 7	116/52
B. PLA	ACE OF DE	EATH: City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	If institution: residence before admission)
. FUL	L NAME	OF (If not in hospit		ion, give street address o	MD	Batte	or are
HOSPI	ITAL OR TUTION	UNION MI	EM ORI	OL Hospion	-500-0	(If outside corporate li	mits, write RURAL and give township)
11.1						NARM I	A DESCRIPTION OF THE PERSON
				Yrs. Mos.	o. STREET ADDRESS (	If rural, give location)	5000
		tay in Baltimore		Days		To the t	I II I
5. SEX	X	6. COLOR OR RACE	7. SINGLE	E, MARRIED, VED, DIVORCED (Specif;		9. AGE (In years last birthday)	Months Days Hours Min.
+		W		4.	Oct 11, 1888	63	
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	GUSE	and the same		11,2001K	BALTIMOR	EMA	USA
	ATHER'S N			TELEVISION OF	14. MOTHER'S MAIDEN	NAME	
H	VILLI	AM BUC	HOL 7	7	ALMA	HOEN	
15. WA	AS DECEASE	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NI PO	or unknown)	far Jeel Rive war or dat.		SECURITY NO.	MR CARL B	UCHOLTZ	SAME
110	110	7		CAUSE		(BRO)	HE MITERVAL BETWEEN
18	1. 420	O I	DIRECTLY		A THE REAL PROPERTY.	0 -	TONSET AND DEATH
		LEADING TO DEA not mean the mode	ATH		wany oce	lusion	7de
-	LINIS does	nut mean the mode	UA UVINE, C. 1				
- 1	heart failu	ire, asthenia, etc. It me	eans the diseas	se,	1		
	heart failu	are, asthenia, etc. It me complication which	eans the diseas caused death	se, h.) DUE TO	J		2
	heart failu	ire, asthenia, etc. It me	eans the diseas caused death	se, h.) DUE TO	Leries class	Zu heart	2 7
NO	heart failu injury or DISEASE	are, asthenia, etc. It me complication which ANTECEDENT CAUS OR CONDITIONS,	eans the diseas caused death	se, h.) DUE TO	Teries elevi	Tu head	?
ATION	heart failu injury or DISEASE:	are, asthenia, etc. It me complication which	eans the disease caused death  JSES  IF ANY, GIVII  ) STATING TI	se, h.) DUE TO	Terios clesi	Tu head	?
ICALION	heart failu injury or DISEASE:	are, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A	eans the disease caused death  JSES  IF ANY, GIVII  ) STATING TI	NG DUE TO		disease	?
TEICATION	heart failu injury or DISEASE: RISE TO T UNDERLY	ire, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L	eans the disease caused death ISES IF ANY, GIVII ) STATING TI LAST.	NG DUE TO	Avis eles	disease	?
ERTIFICATION	DISEASERISE TO TUNDERL'	ire, asthenia, etc. It me complication which ANTECEDENT CAUS OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L	eans the disease caused death  JSES  IF ANY, GIVII  ) STATING TI  LAST.  DITIONS CO	NG HE DUE TO		disease	?
CERTIFICATION	DISEASE: RISE TO TUNDERLY OTHER STRIBUTION TO THE CO	ire, asthenia, etc. It me complication which ANTECEDENT CAUS OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L	eans the disease caused death  JSES  IF ANY, GIVII  ) STATING TI  LAST.  DITIONS CO  T NOT RELATION CAUSING	NG HE DUE TO  (B) A A A A A A A A A A A A A A A A A A A		disease	? 20. AUTOPSY?
AL CERTIFICATION	DISEASE: RISE TO TUNDERLY OTHER STRIBUTION TO THE CO	ire, asthenia, etc. It me complication which ANTECEDENT CAUS OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION LESSIGNIFICANT CONE G TO THE DEATH, BUT DISEASE OR CONDITION	eans the disease caused death  JSES  IF ANY, GIVII  ) STATING TI  LAST.  DITIONS CO  T NOT RELATION CAUSING	NG HE DUE TO		disease	20. AUTOPSY? YES NO
21 21	DISEASE. RISE TO TUNDERL'  OTHER STRIBUTION TO THE COMM. DATE COMM.	are, asthenia, etc. It me complication which ANTECEDENT CAUS OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L. II SIGNIFICANT CONE G TO THE DEATH, BUT ODSEASE OR CONDITION OF OPERATION OF OPERATION OF THE CONTROL O	eans the disease caused death  JSES  IF ANY, GIVII  ) STATING TI  LAST.  DITIONS CO T NOT RELAT N CAUSING  19B. MAJOR	NG HE DUE TO  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	ERATION	dino	
21 21	DISEASE: RISE TO TUNDERLY  OTHER STRIBUTING TO THE CO	ire, asthenia, etc. It me complication which ANTECEDENT CAUS OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L	eans the disease caused death  JSES  IF ANY, GIVII  ) STATING TI  LAST.  DITIONS CO T NOT RELAT N CAUSING  19B. MAJOR	NG HE DUE TO  (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	ERATION	dino	YES NO
AEDICAL 121 140	DISEASE: RISE TO TUNDERLY  OTHER STRIBUTION TO THE COMMICIDE  NO. TIME	re, asthenia, etc. It me complication which ANTECEDENT CAUS OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L. BIGNIFICANT CONDITION DE CONDITION CONTROL OF OPERATION CONTROL (Specify)  (Month) (Day) (Year	eans the diseas caused death  JSES  IF ANY, GIVII DISTATING THAST.  DITIONS CONTROL TO THE CAUSING  19B. MAJOR  21B. PL about home,	NG HE DUE TO  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	ERATION  , in or 21c. WHERE DID g.,etc.) INJURY OCCUR?	(If in Baltimore Cit	YES NO
AEDICAL 121 140	DISEASE RISE TO TUNDERLY  OTHER STRIBUTION TO THE COMMICIDE	re, asthenia, etc. It me complication which ANTECEDENT CAUS OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L. BIGNIFICANT CONDITION DE CONDITION CONTROL OF OPERATION CONTROL (Specify)  (Month) (Day) (Year	eans the diseas caused death  JSES  IF ANY, GIVII  ) STATING TI  LAST.  DITIONS CO  T NOT RELAT  ON CAUSING  19B. MAJOR  21B. FL  about home,  r) (Hour)	MG HE DUE TO  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	ERATION  , in or 21c. WHERE DID INJURY OCCUR?  ERED 21F. HOW DID INJU	(If in Baltimore Cit	YES NO
21 HO	DISEASE: RISE TO TUNDERLY  OTHER STRIBUTING TO THE COMMICIDE  1A. ACCIDE OMICIDE  1. ONLY THE COMMICIDE  1. ONLY T	are, asthenia, etc. It me complication which ANTECEDENT CAUS OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION LESS ON CONDITION LESS ON CONDITION DE	eans the disease caused death  JSES  IF ANY, GIVIII  ) STATING TI  LAST.  DITIONS CO  T NOT RELAT  ON CAUSING  19B. MAJOR  21B. PL/ about home,  r) (Hour)  m.	MG HE DUE TO  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	ERATION  , in or 21c, WHERE DID INJURY OCCUR?  RED 21F, HOW DID INJURE	(If in Baltimore Cit	ty, give exact location)
21 HC	DISEASE: RISE TO TUNDERLY  OTHER STRIBUTION TO THE COMMICIDE  1A. ACCIDE OMICIDE  1. ACCIDE OMICIDE  1. ACCIDE OMICIDE  2. I hereb	re, asthenia, etc. It me complication which ANTECEDENT CAU  S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L. III SIGNIFICANT CONDITION DE CONDI	eans the diseas caused death USES  IF ANY, GIVIII ) STATING TI LAST.  DITIONS CO T NOT RELAT ON CAUSING 19B. MAJOR  21B. FL. about home, r) (Hour) m.	NG HE DUE TO  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	ERATION  in or 21c, WHERE DID INJURY OCCUR?  RED 21F, HOW DID INJURE 10 10 10 10 10 10 10 10 10 10 10 10 10	(If in Baltimore Cit	ty, give exact location)  9 Sthat I last saw the
ZI HO	DISEASERISE TO TUNDERLY  OTHER STRIBUTION TO THE COMMICIDE  10. ACCIDE OMICIDE  10. TIME FINJURY	re, asthenia, etc. It me complication which ANTECEDENT CAUS OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L. SIGNIFICANT CONE OF THE DEATH, BUT DISEASE OR CONDITION DENT, SUICIDE. (Specify)  (Month) (Day) (Year Day certify that I at allive on Year Inc.	eans the diseas caused death USES  IF ANY, GIVIII ) STATING TI LAST.  DITIONS CO T NOT RELAT ON CAUSING 19B. MAJOR  21B. FL. about home, r) (Hour) m.	NG HE DUE TO  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	ERATION  , in or 21c, WHERE DID INJURY OCCUR?  RED 21F, HOW DID INJURE	(If in Baltimore Cit	ty, give exact location)  9 Sthat I last saw the
ZI HO	DISEASE: RISE TO TUNDERLY  OTHER STRIBUTION TO THE COMMICIDE  1A. ACCIDE OMICIDE  1. ACCIDE OMICIDE  1. ACCIDE OMICIDE  2. I hereb	re, asthenia, etc. It me complication which ANTECEDENT CAUS OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L. SIGNIFICANT CONE OF THE DEATH, BUT DISEASE OR CONDITION DENT, SUICIDE. (Specify)  (Month) (Day) (Year Day certify that I at allive on Year Inc.	eans the diseas caused death USES  IF ANY, GIVIII ) STATING TI LAST.  DITIONS CO T NOT RELAT ON CAUSING 19B. MAJOR  21B. FL. about home, r) (Hour) m.	NG HE DUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	ERATION  in or 21c. WHERE DID (N)	(If in Baltimore Cit	yes No ty, give exact location)  9 Shat I last saw the m the date stated above.
21 Ho	DISEASERISE TO TUNDERLY OTHER STRIBUTION TO THE COMMICIDE  1A. ACCIDE OMICIDE  1. ACCIDE OMICIDE  1. ACCIDE OMICIDE  2. I herebeceased a  3. SIGNA BURIAL	re, asthenia, etc. It me complication which ANTECEDENT CAU  S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L. THE ABOVE CAUSE (A YING CONDITION L. THE ABOVE CAUSE (A YING CONDITION L. THE ABOVE CAUSE (A YING CONDITION CONTROL OF OPERATION CONTROL OPERATION CONTROL OF OPERATION CONTROL OF OPERATION CONTROL OPERATION CON	eans the diseas caused death USES  IF ANY, GIVIII ) STATING TI LAST.  DITIONS CO T NOT RELAT ON CAUSING 19B. MAJOR  21B. FL. about home, r) (Hour) m.	MORE TO  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	ERATION  in or 21c. WHERE DID Rect.) INJURY OCCUR?  RED 21f. HOW DID INJURED TO THE PROPERTY OF THE PROPERTY O	(If in Baltimore City OCCUR?  4 - 16 , 19 n the causes and o	yes No ty, give exact location)  9 Shat I last saw the m the date stated above.
21 Ho	DISEASERISE TO TUNDERLY  OTHER STRIBUTION TO THE COMMICIDE  10. ACCIDE OMICIDE  10. TIME FINJURY	re, asthenia, etc. It me complication which ANTECEDENT CAU  S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L. THE ABOVE CAUSE (A YING CONDITION L. THE ABOVE CAUSE (A YING CONDITION L. THE ABOVE CAUSE (A YING CONDITION CONTROL OF OPERATION CONTROL OPERATION CONTROL OF OPERATION CONTROL OF OPERATION CONTROL OPERATION CON	eans the diseas caused death USES  IF ANY, GIVIII ) STATING TI LAST.  DITIONS CO T NOT RELAT ON CAUSING 19B. MAJOR  21B. FL. about home, r) (Hour) m.	NG HE DUE TO  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	ERATION  in or 21c. WHERE DID INJURY OCCUR?  IRED 21f. HOW DID INJURY  - 9, 152, to_  urred at 2:22 Am., from 23B. ADDRESS  LEAN MALE AND ADDRESS  TERY OR CREMATORY 24D	(If in Baltimore City of the causes and of the causes are caused and of the causes and of the causes and of the causes are caused and of the causes and of the causes are caused and of the caused an	9 Sthat I last saw the in the date stated above.  23c. DATE SIGNED
21 Ho	DISEASERISE TO TUNDERLY  OTHER STRIBUTION TO THE COMMICIDE  1A. ACCIDE OMICIDE  1. TIME INJURY  2. I herebucked a 3A. SIGNA BURIAL. REMOVAL (STRIBUTION OF THE COMMICIDE)	Ire, asthenia, etc. It me complication which ANTECEDENT CAUSE OF CONDITIONS, THE ABOVE CAUSE (A YING CONDITION LETTER OF CONDITION LETTER OF CONDITION CONTROL OF OPERATION CONTROL (Specify)  (Month) (Day) (Year Control of Control of Control of Condition Control of	eans the diseas caused death USES  IF ANY, GIVIII 1) STATING TI LAST.  DITIONS CO T NOT RELAT ON CAUSING 19B. MAJOR  21B. FL. about home, r) (Hour) m.  ttended the	MORE TO  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	ERATION  in or 21c. WHERE DID INJURY OCCUR?  IRED 21f. HOW DID INJURY  - 9, 152, to_  urred at 2:22 Am., from 23B. ADDRESS  LEAN MALE AND ADDRESS  TERY OR CREMATORY 24D	(If in Baltimore City of the causes and of the C	9 Sthat I last saw the in the date stated above.  23c. DATE SIGNED
21 Ho	DISEASERISE TO TUNDERLY  OTHER STATEMENT TO THE COMMICIDE  1A. ACCIDE OMICIDE  1. ACCIDE OMICIDE  2. ACCIDE OMICIDE  3. ACCIDE OMICIDE  3. ACCIDE OMICIDE  4. ACCIDE OMICIDE  5. ACCIDE OMICIDE  1. ACCIDE OMICIDE  1. ACCIDE OMICIDE  2. ACCIDE OMICIDE  3. ACCIDE OMICIDE  3. ACCIDE OMICIDE  4. ACCIDE OMICIDE  5. ACCIDE OMICIDE  6. ACCIDE OMICIDE  1. ACCIDE	Ire, asthenia, etc. It me complication which ANTECEDENT CAUSE OF CONDITIONS, THE ABOVE CAUSE (A YING CONDITION LETTER OF CONDITION LETTER OF CONDITION CONTROL OF OPERATION CONTROL (Specify)  (Month) (Day) (Year Control of Control of Control of Condition Control of	eans the diseas caused death USES  IF ANY, GIVIII 1) STATING TI LAST.  DITIONS CO T NOT RELAT ON CAUSING 19B. MAJOR  21B. FL. about home, r) (Hour) m.  ttended the	NG HE DUE TO  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	ERATION  in or 21c. WHERE DID (Rect.) INJURY OCCUR?  ERED 21f. HOW DID INJURED (Part of the control of the cont	(If in Baltimore City of the causes and of the C	yes No ty, give exact location)  9 Sthat I last saw the the date stated above. 23c. DATE SIGNED  23c. DATE SIGNED  WON, or county) (State)



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 3675

BIRTH NO.						
1. NAME OF D (Type or Print)	ECEASED	**** * 4 3	A DET TORR	(34)	2. DATE OF	. /= -
3. PLACE OF D			ABEL LOTT  Street	4. USUAL RESIDEN	DEATH 4/1 NCE (Where deceased lived, In B. COUNTY	4/52 f institution : residence before admission)
			ion, give street address or location)	d c. CITY OR TOWN Baltimor	(If outside corporate limi	to, write HURAL and give township)
c. Length of s	tay in Baltimore		Yrs. Mos. Days		(If rural, give location)	
5. SEX	6. COLOR DR RACE	7. SINGLI WIDOW	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH I/9/1881	9. AGE (ln years)	If Under 1 Year onths Days Hours Min.
vork doos duriog most o		Home	O OF BUSINESS OR INDUSTRY	Pennsylvan		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	Henry W.	Dunke	lherger	14. MOTHER'S MAIN		
15. WAS DECEASE (Yes, no or nokoowo)	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Family - S	A	ADDRESS
DISEAS  (This does heart failu	6. OR CONDITION LEADING TO DEA's not mean the mode of the compleation which complication which complication which compleation which compleates the complex c	TH f dying, e. 1 ns the diseas	E. (A) Coron	of DEATH	lesion	INTERVAL BETWEEN DNSET AND DEATH
DISEASES	ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	F ANY, GIVIN	NG (B) hyp	societa	cardir -	6 740 .
H TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NDT RELATI	D			
19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCID LYING OF	ENT WAS UNDER- R CONTRIBUTING	218. PL/ about home,	ACE OF INJURY (e. g., infarm, factory, street, office bldg.,	n or 21c. WHERE DI		120
>	(Month) (Day) (Year)		21E. INJURY OCCURR. WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
deceased at			deceased from and that death occur		to legy 14,195 from the busses and on t	
23A. SIGNA 24A. BURIAL, C TION, REMOVAL (S	Milip.		24C. NAME OF CEMETE	302 Par	AD. LOCATION (City, town	23c. DATE SIGNED 4-15-52 1, or county) (State)
DATE RECEIVE	D BY REGISTRAR		Millers Crossr	25. FUNERAL DIRE	Sunbury, Pa. CTOR Cully - I30 E. Fo	ADDRESS
VS 150		9		673		

#### BRAUNLICH

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 3676

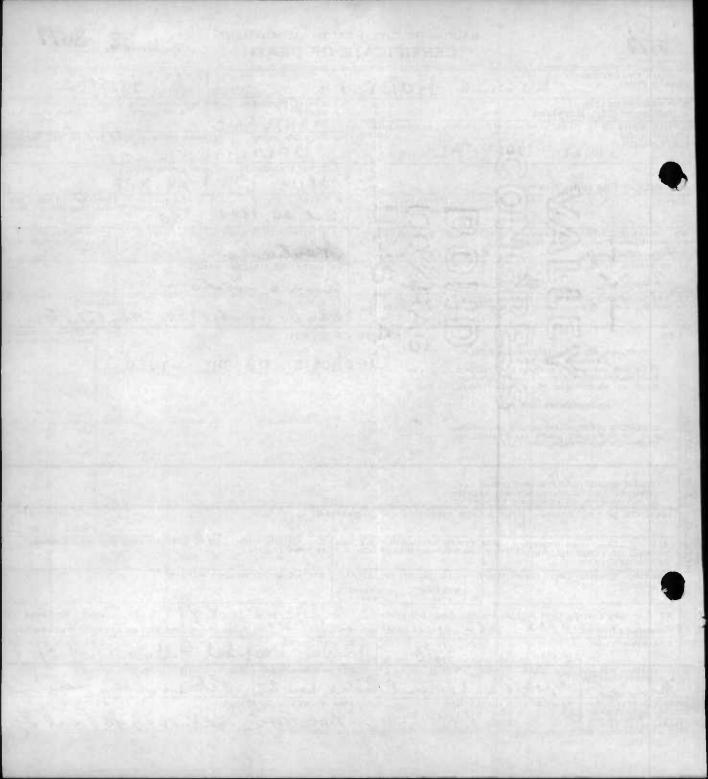
BI	RIH NO.							
(T	NAME OF DECEASED Type or Print) [Milia Hed	lwig Brown Pich		OF DEATH APV.	16, 195-2			
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence  B. COUNTY before admission)					
H	OSPITAL OR	tal or institution, give street address or location)	c. CITY OR JOWN (If cutside corporate limits of the Runk), and give					
11	espital for the Won	nen el Md.	Reltimore	12	township)			
T		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)				
-	Length of stay in Baltimore	Days	230 Komewo					
7	SEX 6. COLOR OR RACE	WIDOWED, DIYORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years   Under   Worths	I Year II Under 24 Haus B Days Hours Min.			
	MAIL White	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country)   12	CITIZEN OF			
wor	done during most of working life, even if retired.	INDUSTRY	7	wa /	WHAT COUNTRY?			
13	FATHER'S NAME		14. MOTHER'S MAIDEN N					
J	acob HOERING		Catherine 1	rade hos				
15 (Ye	o. WAS DECEASED EVER IN U.S. ARME e, no or unknowo) (If yes, give war or date	D FORCES?   16. SOCIAL es of service)   SECURITY NO.	17. INFORMANT	ADDR	RESS			
	NO		Hier Braunlie	5 230 Non	ewood TER.			
	18. 420,0	CAUSE	OF DEATH	/	ONSET AND DEATH			
	DISEASE OR CONDITION LEADING TO DEA		and lar	en.				
	(This does not mean the mode heart failure, asthenia, etc. It me	of dying, e. g., (A)						
1	injury or complication which			1. 1				
_	ANTECEDENT CAU	ses aft	40 feleral	ic heart				
0	DISEASES OR CONDITIONS.	10000						
AT								
FIC								
RTI	OTHER SIGNIFICANT COND	ITIONS CON-						
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED						
_		198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?			
CA	ACCIDENT SUICIDE	YES NO						
MEDICAL	21a. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?  (If in Baltimore City, give exact location) INJURY OCCUR?							
Σ	D. TIME (Month) (Day) (Year	(Hour)   21E. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?				
	NOT WHILE AT NOT WHILE							
	22. I hereby certifiesthat I attended the deceased from 1921 H 1952 to Copse 16, 19 2, that I last saw the							
	deccased alive on fifth 1, 19 2, and that death occurred at 1 2 m., from the causes and on the date stated above.							
	23A. SIQUATURE		3B ADDRESS		34. DATE SIGNED			
	1-2 wait	M.D.	the organis	or we will you	county) (State)			
TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	-5~ 24c. NAME OF CEMETE	ile amity Da	Wennet To	We (State)			
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  ADDRESS  LOCAL REGISTRAR  LOCAL REGISTRAR  ADDRESS  APR J. Beyer h: 10-12 Halling of							
=	VS 150		73576	n.ot.	23			
				lance	0- 0			

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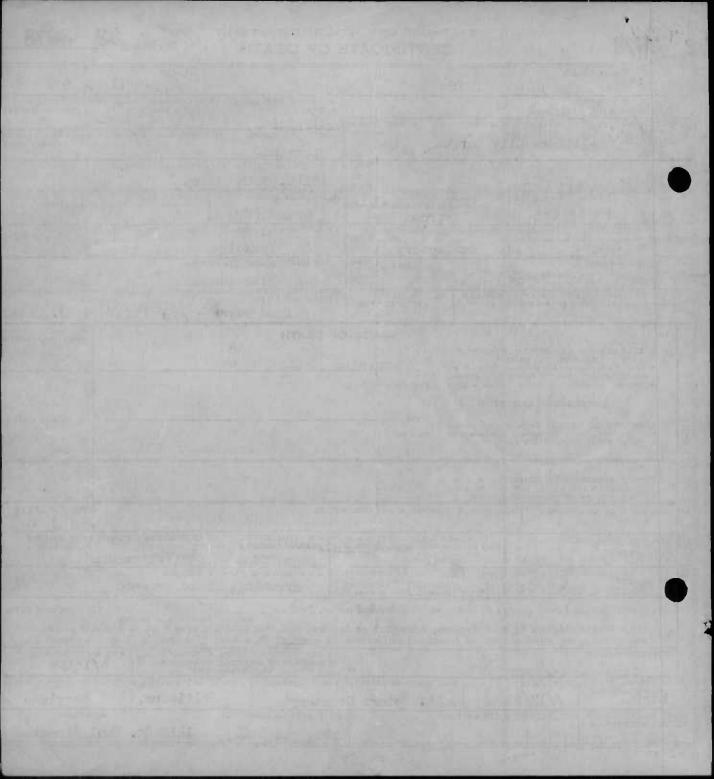
# CERTIFICATE OF DEATH Registered No. 3677

BIRTH NO.			ERTIFICATI	E OF BEATH					
1. NAME OF D (Type or Print)		CILLE	HUNT		2. DATE OF HIS	5/52			
3. PLACE OF D	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence  B. COUNTY before admission)					
B. FULL NAME	OF (If not in hospit	al or institution	n, give street address or location)			10			
INSTITUTION	SINAI HE	OSPITA		Bair	- 7	vrite HURAL and give township)			
	37.041		Yrs.	D. STREET ADDRESS . (If ry	aral, give location)				
c. rength of s	stay in Baltimore		Mos. Days	2804 Whitney AVE					
5. SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED, 9, District Of (Specify)	8. DATE OF BIRTH  (Col. &G, 1901	9. AGE In years III last birthday) Mon	nder I Year ths: Days Hours Min.			
	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fore	eign eountry)	2. CITIZEN OF			
Houses	of working life, even if retired)	aun	Home	Kentucky		WHAT COUNTRY?			
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NAM	ME				
Jam	es 4. 60	mme	se	annie Ford	on				
(Yes, no or unknown)	ED EVER IN U. S. ARMEI (If yea, give war or dete	of service)	16. SOCIAL SECURITY NO.	John J. Kunt,	2804 Whi	tres ane.			
18. 58	<1.0.		CAUSE	OF DEATH		INTERVAL BETWEEN			
DISEA	SE OR CONDITION	DIRECTLY	0.	de la	. \	ONSE! AND DEXTI			
(This doe	(This does not mean the mode of dying, e.g., (A) CIRRHOSIS OF THE LIVER								
injury or	heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) DUE TO								
	ANTECEDENT CAUS	SES							
Z DISEASE	S OR CONDITIONS, I	***************************************	***************************************						
DISEASE RISE TO UNDERL									
<u> </u>			(C)						
OTHER S	OTHER SIGNIFICANT CONDITIONS CON-								
W TRIBUTIN	G TO THE DEATH, BUT	NOT RELATED	***************************************						
19A. DATE	OF OPERATION () 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?			
21A. ACCIL LYING O	Late of age of themps / Late was property (14 to P. W								
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH  21c. WHERE DID (If in Baltimore City, give exact INJURY OCCUR?)									
D. TIME	(Month) (Day) (Year)		IE. INJURY OCCURR		OCCUR?				
			NOT WHILE						
22. I herei	22. I hereby certify that I attended the deceased from 3/28, 1952, to 4/15, 1954hat I last saw								
	deceased alive on 4/15, 1952, and that death occurred at 9:20 cm., from the causes and on the date								
23A. SIGNA	12sus Lu	ingue	Sald M. D.	mai Haputal	Balting	23c. DATE SIGNED			
TION REMOVAL		52 1	Ornid Rio	Le Beneter Pa	Resville	, Maryland			
DATE RECEIVE	TRAR	ton WI	1	Am. Cool Die	E 1212 P	ADDRESS DE			
APKID	952 1. 1.	Not Ital	water My	Minister Mc		Jan 10			
VS 150	0	1	W W - TO I						



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIXTH NO.								
1. NAME OF DECEASED (Type or Print) HENRY HAYS	2. DATE OF DEATH April 6, 1952							
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission							
B. FULL NAME OF f not in hospital or institution, give street address or	Virginia							
HOSPITAL OR location) INSTITUTION Baltimore City Morgue	C. CITY OR TOWN (If outside corporate limits, write RURAL and given township							
	Richmond							
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)							
Length of stay in Baltimore Days   5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	101 S. 30th Street  8. DATE OF BIRTH   9. AGE (In years   11 Under 1 Year   11 Under 24 Hours)							
WIDOWED, DIVORCED (Specify)	about 1892  9. AGE (In years It Wader I Year last birthday)  Months: Days Hours Min.							
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF							
work done during most of working life, even if retired)  Sawyer  Box Factory	Texas What Country							
2011 2 40 00 2 3	14. MOTHER'S MAIDEN NAME							
Alfred Hays	Azelius							
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS							
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Alfred Hays - 1635 Dartford Rd., Esse:							
10 F #20 d	INTERVAL BETWEE							
	OF DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	g, found drowned							
heart failure, asthenia, etc. It means the disease,	5.1 100110 01 01100							
injury or complication which caused death.) DUE TO								
ANTECEDENT CAUSES								
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
UNDERLYING CONDITION LAST.								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)								
OTHER SIGNIFICANT CONDITIONS CON-								
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?							
4	YES X NO L							
21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTION OF CAUSE OF DEATH.  UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., etc.)								
	found foot of Central Avenue							
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE								
Found 4/6/52 2:00 P. WHILE AT NOT WHILE AT WORK								
22. I certify that I took charge of the remains described at	bove, held anautopsy thereon and from Autopsy, Inspection or Inquiry							
the evidence obtained by said Autopsy, Inspection or In	equiry, find that said deceased died on the day stated above							
	□, accident 🖪, suicide □, homicide □, undetermined □.							
23A. SIGNATURE	236. CHIEF MEDICAL EXAMINER							
24A. BURIAL. CREMA-  24B. DATE 24C. NAME OF CEMETER								
24a. BURIAL. CREMA- TION, REMOVAL (Specify) burial 4/17/52 St. Peters Ce	emetery Baltimore, Maryland							
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS							
ADD 1 6:18 of the Min of the Market 1217 St. Paul Street								
VS 151 1/66001	THE TO 1937 Have been been seen that the second sec							



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

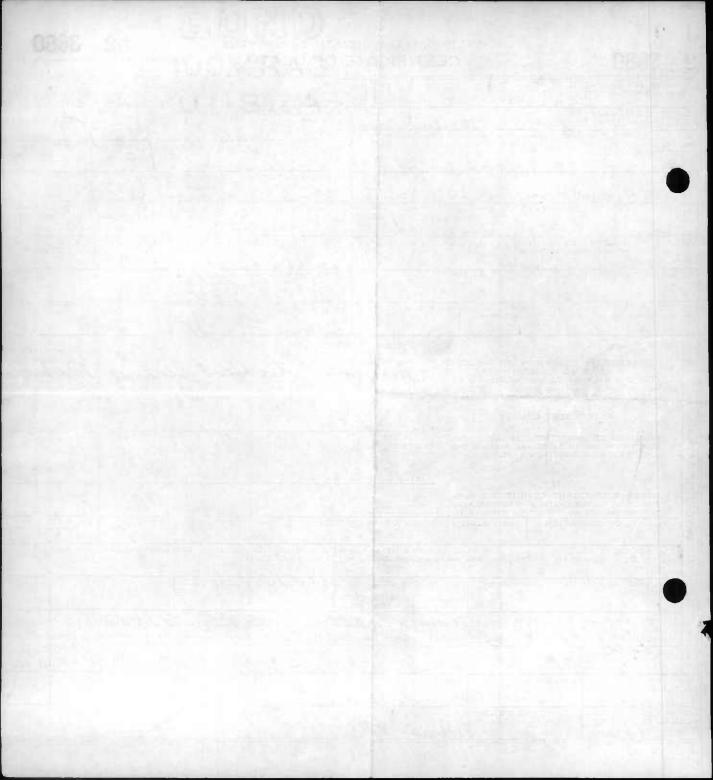
BIRTH NO.							
1. NAME OF DECEASED	2. DATE OF Auril 14 1952						
02222	WINSLEY DEATH April 14, 1952						
a. Baltimore City, Maryland Ballings, MM	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN If jutiside corporate mans which W. A. and give						
INSTITUTION Baltimore City Morgue	Collinsoil 27-1 Waship)						
/ Yrs.	o. STREET ADDRESS, (If pure), give location						
ength of stay in Baltimore J. Marks Days	2323 Munul and						
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BATTA 9. AGE (In years H under I Year I H Under 24 Hours Months Days Hours Min.						
Male White Whate	11 BARTHELACE (State or foreign country) 12, CITIZEN OF						
10A. USUAL OCCUPATION (Give kind of work does during most of working life, even if retired) INDUSTRY							
HORSE TRAINER LACE Macket	Tolana W						
13. FATHER SNAME	14. MOTHER'S MAIDEN NAME						
Trank I Instell	Duran Medilly						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  SECURITY NO.	What Itenshies 1809 H. Belto St						
18. 422,1 CAUSE	OF DEATH INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECTLY							
	osclerotic Cardiovascular Disease						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	heart failure, asthenia, etc. It means the disease,						
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED	BURNING OF BURNING						
(C)							
<u>U</u>							
OTHER SIGNIFICANT CONDITIONS CON-	CONTRACTOR OF THE PARTY OF THE						
TO THE DISEASE OR CONDITION CAUSING 11.	RATION   20. AUTOPSY?						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	YES X NO						
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?						
UNDERLYING OR CONTRIB-							
Z 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE							
F INJURY WHILE AT NOT WHILE AT WORK AT WORK							
22. I certify that I took charge of the remains described above, held an autopsy thereon and from							
the enidence obtained by said Autores Inspection or Inquiry find that said deceased died on the day stated abov							
and death in my opinion resulted from: natural cause	s b. accident   . suicide   . nomiciae   . unaeternanca   .						
	23B. CHIEF MEDICAL EXAMINER						
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET.	ERY OR CREMATORY 240 LOCATION (City, town, or county) (State)						
FIGN. REMOVAL (Specify)	Voronto Ganda						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 KUNERAL DIRECTOR ADDRESS						
ADD 16:105) Hantington Williams, Mgs	7. (1) MAMMIL ON 1300 GULTON Oller						
V S 151	PM 11						

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

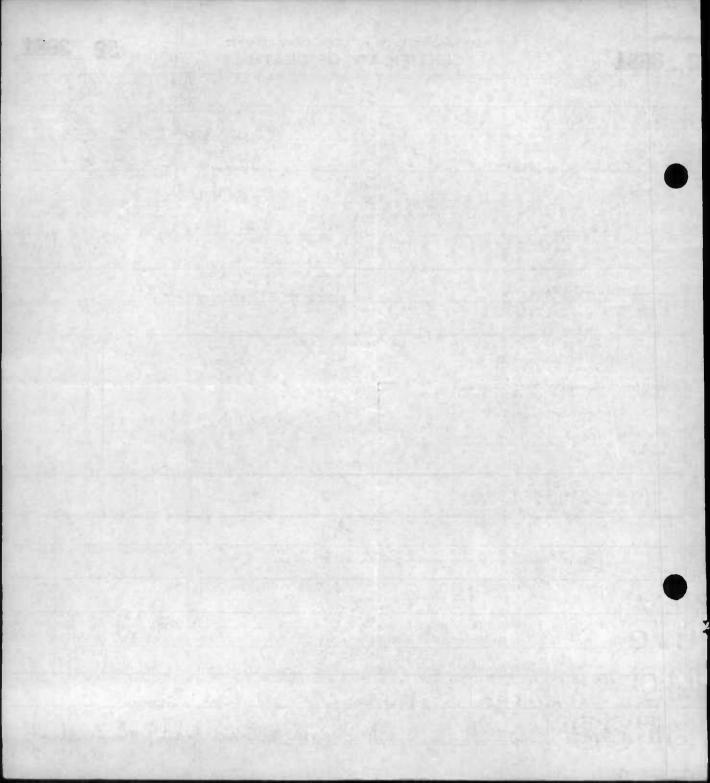
191	RTH NO.									
	NAME OF DE	Beatr	ice	Pearl	Fr.		ald	2. DATE OF DEATH	apri	l,4-1902
B. HC	FULL NAME O	ity. Maryland 🛭	Balts alor institut	ion, give street address	sor	4. USUAL RESIDENCE (Where deceased lived of institution: residence A. STATE B. COUNTY  Mayland  Mayland				
INSTITUTION 3003 Paration						RYAT	noil	- Corpora	6	township)
Ü		0 & 0	2	Yr Mo		D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore Days						3023 Tressiman & Leek   8. DATE OF BIRTH   9. AGE (In years)   11 Undoi 14 Hours				
0	Semale	al te	widow	ED, BIVORCED (Spe	cify)	Feb 13-18	90	last birthda	Months	Days Hours Min.
		CUPATION (Give kind of working life, even if retired)		OF BUSINESS OR		BIRTHPLACE	State or for			CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	AME				MOTHER'S MA	AIDEN NA	ME		
		?	)		A	Bestuce Pearl Shewbrook				
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	) FORCES? s of service)	16. SOCIAL SECURITY NO	0.	1. INFORMANT	Luie	dennie	ADDR	ESS
	18. 420	.0		CAUS	E OF	DEATH		The State of the S		INTERVAL BETWEEN ONSET AND DEATH
	(This does heart failu injury or	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mes complication which ANTECEDENT CAUS	TH of dying, e. a ans the diseas caused death	g., AAR	is	relection	Hea	8 Dise	Pag	The below
ERTIFICATION	RISE TO TI	OR CONDITIONS, INTERPRETARIES (A)	STATING TI	(B) NG HE DUE TO	<i>[</i>					
TIF	II (C)									
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
	19a. DATE O	F OPERATION 0	198. MAJOR	FINDINGS OF O						20. AUTOPSY?
MEDICAL	HOMICIDE	NT. SUICIDE. (Specify)		ACE OF INJURY (e. farm, factory, street, office b				in Baltimore	City, give	exact location)
~	D. TIME (	Month) (Day) (Year,		21E. INJURY OCCU	HLE	21F. HOW DIE	) INJURY	OCCUR?		
	22. I hereby certify that I attended the deceased from OCT, 1978, to ffr. 1952, that I last saw the deceased alive on ffr. 1952, and that death occurred at 7 from the causes and on the date stated above.									
	23A SIGNA	mett a	ul	en M.D.	Me	DATE SE	Sg-	Balto.	no 4	ounty) (State)
710	B. BURTAL, CON, REMOVAL, (S)	L'apuli	7-1952	New Cathed	ial	emetery s	Olde	Frederic	kRd.	Balt Md.
	ATE RECEIVED		SSIGNATI	VIII.	2	5. FUNERAL DIE	RECTOR	a af	) AC	DRESS
=	APR 161	952 June	gren #	romanes, my		egh Jarge	e Cyne	2013	eleum	aun due



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.2 3681

2 CIRTH	3681			CERTIFICAT	E OF DEAT	H R	egistered No	76	2001
1. NAM (Type or		ane D	otsey			2. DAT OF DEA		14 P.1	7452
	NAME AL OR	ity, Maryland	al or instituti	on, give street address o location		aryland	COUNTY	be	n: residence fore admission) URAL and give township)
c. Leng	rth of st	cay in Baltimore	4	Yrs. Mos. Days	D. STREET ADDRE	ess (If rural, give	e location)		
5. SEX	ole_	6. COLOR OR RACE		, MARRIED, ED, DI <del>VORCED</del> (Specify	B. DATE OF BIRTH	9. AGE last l	(In years     U birthway) Mon	nder I Year ths Day	Hours Min.
		CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTR	11. BIRTHPLACE (S	State or foreign cou	ntry)		ZEN OF AT COUNTRY?
13. FAT	HER'S N	IAME To	1		14. MOTHER'S MA	JULIAN NAME	_		
		D EVER IN U.S. ARME (If yos, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT		AD	DRESS	
TIFICATION	This does cart failu njury or USEASES ISE TO TI	E OR CONDITION LEADING TO DEA' not mean the mode re, asthenia, etc. It mes complication which ANTECEDENT CAUS S OR CONDITIONS, 1 HE ABOVE CAUSE (A) TING CONDITION LA	TH off dying, e. g insthe disease caused death. SES F ANY, GIVIN STATING TH	(B) Ch	ronic M Terio S &	y ocar lerosi	ditis		TYLL BETWEEN TAND DEATH Syc
О <u>т</u>	RIBUTING	IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D T	DATION .	·····			, AUTOPSY?
EDICAL LAI	. ACCID	ENT WAS UNDER CONTRIBUTING	218. PLA	CE OF INJURY (e. g., arm, factory, street, office bldg	in or   21c, WHERE D		imore City, gi	YES	NO [
E	TIME (	(Month) (Day) (Year		VHILE AT NOT WHILE WORK AT WORK		INJURY OCCUP	R?		
dec	I hereb cased a	live on Upul 14	tended the	deceased from Nand that death occu	urred at 4 Pm. m. 23B. ADDRESS	to Offile, from the cause		e date	l last saw the stated above DATE SIGNED 15-1959
24A. B TION, RE	URIAL.	CREMA- 24B. DATE	CIOCI	24c, NAME OF CEMET	ERY OR CREMATORY	24b. LOCATION	N (City, town,	orkount	
LOCAL	RECEIVE REGIST R 6		S SIGNATU	Iliano, Apri	25. FUNERAL DIR	Tardeful	2d9006	Bed	le St



BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Alphonse Schofield OF 4-13-1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Balto. City B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore City Hospitals INSTITUTION township) 4940 Eastern Ave. Henryt on Yrs. D. STREET ADDRESS (If rural, give location) Mos. 16days Length of stay in Baltimore Henryton State Hospital Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | If Under 1 Year | If Under 24 Hours | last birthday) | Months; Days | Hours | Min. 8. DATE OF BIRTH It Under 24 Hours May 3 Single 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY None None U. BSA Pocomoke City Nd. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Custus Grace F. Schofield 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Records: 4940 Restern Ave. SECURITY NO. No 18. CAUSE OF DEATH DIOX ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Tuberculosis meningitis 25mos. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL YES T 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, (arm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY NOT WHILE! . 19 52 to 4-13-22. I hereby certify that I attended the deceased from 3-28-\_, 1952, that I last saw the . 1952, and that death occurred at 6,50p m., from the causes and on the date stated above. deceased alive on 4-13-23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave. Baltimore Md. 4-15-1952 MTO. 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) St James Cem. Pocomoke City Md. Burial 4/19/1952 REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

To Detail on Call Sharterial STATES OF THE STATE OF THE STAT All that we will be Drawing at all how · Brents -1-Pull the Avenue of the Control of th Dof-to-th. . M. whale at any street in the second second

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No ... BIRTH NO. 1. NAME OF DECEASED (Type or Print) DEATH 4. USUAL SESIDENCE (Where deceased lived. If institution: fesidence 3. PLACE OF DEATH A. STATE A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION 233 ADDRESS Yrs. c. Length of stay in Baltimore (ln years) Months: Days | Hours: Min. last birthday) OCCUPATION (Givekindef) State or foreign country BUSINESS OR 12. CITIZEN OF during most of working life, eyen ifretired) INDUST auchor 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no edunknown) (If yes, give war or dates of service) 16 SOCIAL (Yes, no edunknown) SECURITY NO L BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO FICATI UNDERLYING CONDITION LAST. (C). RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 0 | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES DIC/ (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (o. g., in or about home, farm, factory, street, office bldg., otc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from 13-74, 1951, to 4-14 , 195 that I last saw the 195 and that death occurred at 7:24 m., from the causes and on the date stated above. deccased alive on 4-14 23c. DATE SIGNED 23. SIGNATURE 23B. ADDRESS 24C. NAME OF CEMETERY OF CREMATORY | 24D. LOCATION (City, town, or county) BURIAL, CREMA TION, REMOVAL (Speciff DATE RECEIVED BY RECTOR LOCAL REGISTRAR

and the state of t

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# BALTIMORE CITY HEALTH DEPARTMENT

52 3684

BIRTH NO.	CERTIF	ICATE OF DEA	.TH Reg	gistered No.	701
1. NAME OF DECEASED (Type or Print)	ry Lee	GANH	2. DATE OF DEATH	ADD 15 105	2
3. PLACE OF DEATH:  A. Baltimore City, Maryland				sed lived. If institution : res OUNTY before a	sidence admission)
B. FULL NAME OF (If not in h	ospital or institution, give street  KINS HOSPITAL	address or location) C. CITY OR TO	WN, (If outside corr	porate limits, write RURA	L and give township)
c. Length of stay in Baltimo	re 60 mo	Yrs. D. STREET ADI	ORESS (If rural, give )	ocation)	
male color	ACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE	9-26-	-91 60	rthday) Months Days Ho	
10A. USUAL OCCUPATION Givek work constituting most of working life, of an if re	indof 10B. KIND F BUSINES	DUSTRY BA	E (State or foreign count		OF OUNTRY?
13. FATHERS NAME	Santh	14. MOTHER'S	halden name	Rich	
15. WAS DECEASED EYR IN U. S. A (Yes, no o unknown) yes, give war o	RMED FORCES? 16. SOCIAL SECURI	TY NO. 17. INFORMAN	NS HOPKINS HO	SPITAL	
DISEASE OR CONDITI  LEADING TO I  (This does not mean the meart failure, asthenia, etc. II	ON DIRECTLY DEATH ode of dying, e. g., (A)	bacute bor	torial and	Scalit 8-	
injury or complication whi	ch caused death.) DUE TO	evirectal	l africar	_ 6 n	no.
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING THE DUE TO				
OTHER SIGNIFICANT CO	BUT NOT RELATED	tensive .	adiovacul	2 Disease 2	2 /
19A. DATE OF OPERATION		OF OPERATION		YES YES	NO .
21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTIN CAUSE OF DEATH				nore City, give exact loca	tion)
ID. TIME (Month) (Day) (		OCCURRED 21F. HOW I	DID INJURY OCCUR?		
22. I hereby certify that I deceased alive on #-/c	attended the deceased from 5-, 1952 and that dea	m3-18- th occurred at 330 A	152 to 4-15- m., from the causes	, 1952that I last	
Lignature Han	leli Willeam	M, D.	HOPKINS HOS	4-151	52
100 REMOVAL (Speedy)	1952 MM	CEMETERY OR CREMATO	RY 24D. LOCATION	(City, town, or county)	Med.
DATE RECEIVED BY DEGISTE	AR'S SIGNATURE.	MED 26 G	Sound	Hill and	tome
VS 150	621	83			

and death in my opinion resulted from: natural causes \( \), accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23A. SIGNATURE 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY | 24d, LOCATION (City, town, or county)

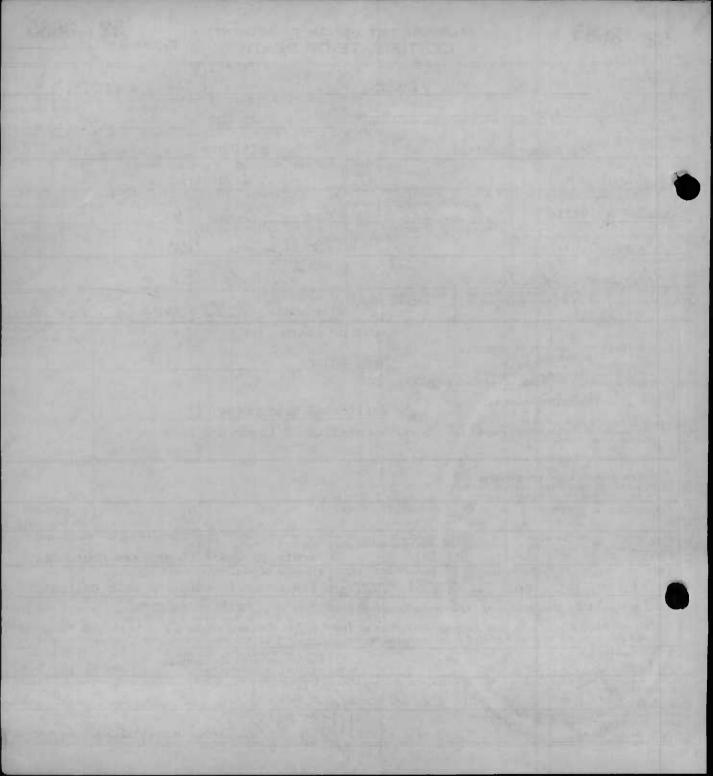
ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23B. CHIEF MEDICAL EXAMINER .....

Burial DATE RECEIVED BY LOCAL REGISTRAR

ADDRESS

8 56.2



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly legibly.

# BALTIMORE CITY HEALTH DEPARTMENT



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
ATE Cooper St	(a) State (b) County	
(c) Hospital or institution:	(c) City or town Balto., Md. / (If outside city or town limits, write RUR	AL and give town
(d) Length of stay in hospital or inst. (yrs., mos., or days)		( I es or No
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country	
3 (a) FULL NAME HERBERT POPE	THE RESERVE THE PROPERTY OF THE PARTY OF THE	self Toll 1
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH April 12	2 2
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above streed deceased from 1922 152	ted; that lattend
6 (b) Name of husband or wife Toul	and that I last saw hand alive on April 1	1922
6 (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) 1957	Tuberculosis, Pulmon-	
8. AGE: Years Months Days If less than one day	Due to	S Mos.
9. Birthplace (Town, county, and state) 10. Usual Occupation Well (Figure 1)	Due to	
II. Industry or business Callorege	Other Conditions	
12. Name	(Include pregnancy within 3 months of death)  Date of operation	PHYSICIAN
13. Birthplace	Major findings of operation:	cause to which
15. Birthplace	of autopsy:	charged statis tically.
(b) Address 510- Peach st.	22. If death was due to external causes, fill in the	
17 (a) Survey (b) Date thereof 7/1/50 (Burial, cremation, or removal) (month) day) (year)	(b) Date of occurrence	
(c) Cemetery or crematory JM autilian	(City or town) (Co	
Location (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	place?While at we	ork?
(b) Address 9/8 Dalla Gell	(e) Means of injury	
19 Par 17:19:32 Chate rec'd by registrar butington Willia Heristrar	23. Signature 1506 Penna. Ave. Address Date si	M. D.
vs 150 970 9	9	

## INSTRUCTIONS FOR MEDICAL CERTIFICATION

### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

## DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

#### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

# BALTIMORE CITY HEALTH DEPARTMENT

52	3687
- Uhw	0007
egistered No	

BIRTH NO. CERTIFICATE OF DEATH Registered N	0
1. NAME OF DECKASED (Type or Print) JOHN WALSH, SIJ 2. DATE OF DEATH APRIL	16/952
3. PLACE OF DEATH:  A. Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived. If i. A. STATE  B. COUNTY	hefore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION CY HOSPITAL (If outside corporate limits, WOOD STOCK	write RURAL and give township)
Length of stay in Baltimore  Yrs. Mos. Days  D. STREET, ADDRESS (If rural, give location)  WOODSTOCK Col.	LEZE
5. SEX   16. COLOR OF RACE   1. SINGLE MARRIED.   18. DATE OF BIRTH   9. AGE (In year)	Inder 1 Year   11 Under 24 Hours this Days Hours Min.
10A. USUAL OCCUPATION (Give kind of working life, even if retired)  Work done, twing most of working life, even if retired)  INDUSTRY  11. BIRTHPLACE (State or foreign country)  Occupation of the country of the count	12. CITIZEN OF CHUNTRY?
DAVID P. WASH  14. MOTHER'S MAIDEN NAME, ESTELLE HEARD,	
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	DRESS
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OUE TO  (C)	A Day S
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)	1
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from PRIC 11, 1952, to APRIC 16, 195 deceased alive on PRIC 1957, and that death occurred at 8°5 Pm., from the causes and on the 23A. SIGNATURE	
24a. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LUCATION (City, town, Ohn Removal (Specify) Upril 19-52 Woodstock College Cary Woodstock Date Received by Registrar's SIGNATURE 25-FUNEXAL DIRECTOR	or county) (State)  ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If Institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION MARYLAND GENERAL ALTIMORE (If rural, give location) D. STREET ADDRESS Yrs. Mos. LIFE S. PONCA ST. ength of stay in Baltimore Days 9. AGE (In years | Il Under 1 Year | Il Under 21 Houss | last birthday) | Months | Days | Hours | Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH MAY 10, 1897 MARRIED 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? LTIMORE, MD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CON17. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES EDICA 21B. PLACE OF INJURY (c. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY 1-1-49.19 to45-52, 19, that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 4-15-52, 19 and that death occurred at 9:3 1 fm., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 234 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

Pragely

68 223 MV. 3/35 C. Friend DLO924

### 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-

21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that Lattended the deceased from

19B. MAJOR FINDINGS OF OPERATION

, 19 Lthat I last saw the deceased alive on 14, 19 52 and that death occurred at 9.30 m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION A

24D. LOCATION (City, town, or county)

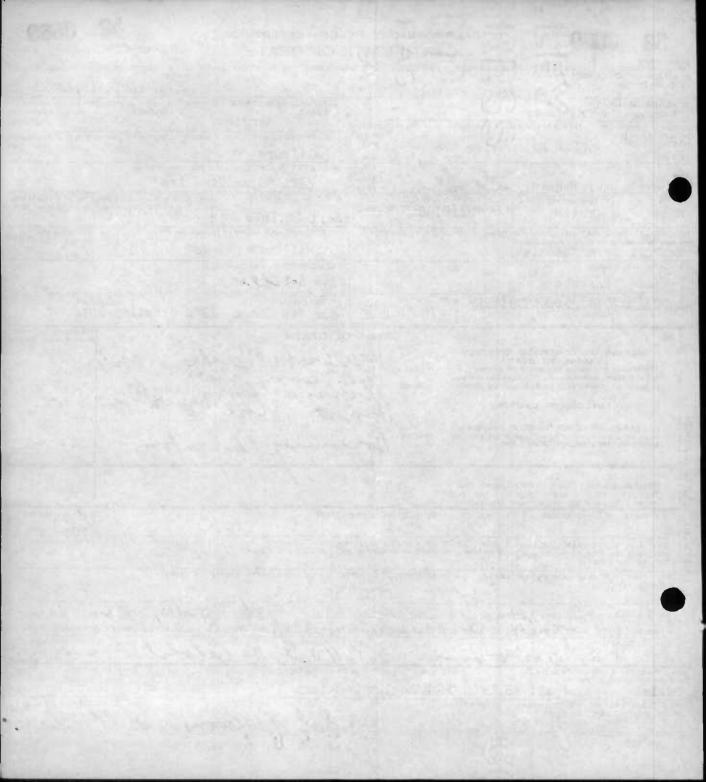
20. AUTOPSY

YES

April 18,1952 Oheb Shalom Cemetery Baltimore Md Burial

DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR Werson 1 03 VS 150

EDICAL

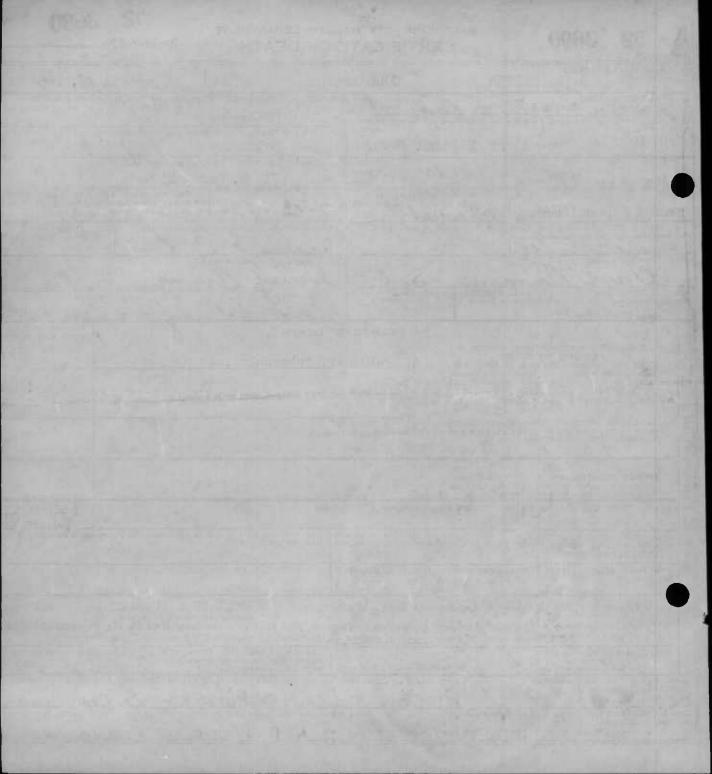


# BALTIMORE CITY HEALTH DEPARTMENT

CKSON.

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MARTHA COLEMAN OF April 15, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 7/3 B. COUNTY before admission) Maryland B. FULL NAME OF I not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Provident Hospital D. O. A Baltimore D. STREET ADDRESS (If rural, give location) Mes 713 N. Carey Street ength of stay in Baltimore 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (Specify) female colored 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY B. FATHER'S NAME 14. MOTHER'S MANDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 713 ADDRESS 16. SOCIAL 17. INFORMAN (Yes, no or unknowp) (If yes, give war or dates of service) SECURITY NO. Manour 18.002X NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Pulmonary tuberculosis heart failure, asthenia, ctc. It means the discase. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT CAL NO X 218. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. INJURY OCCUR? ED UTING | CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \), accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER...... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY I 240. LOCATION (City, town, or county) MENIOUML CAROLINA DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

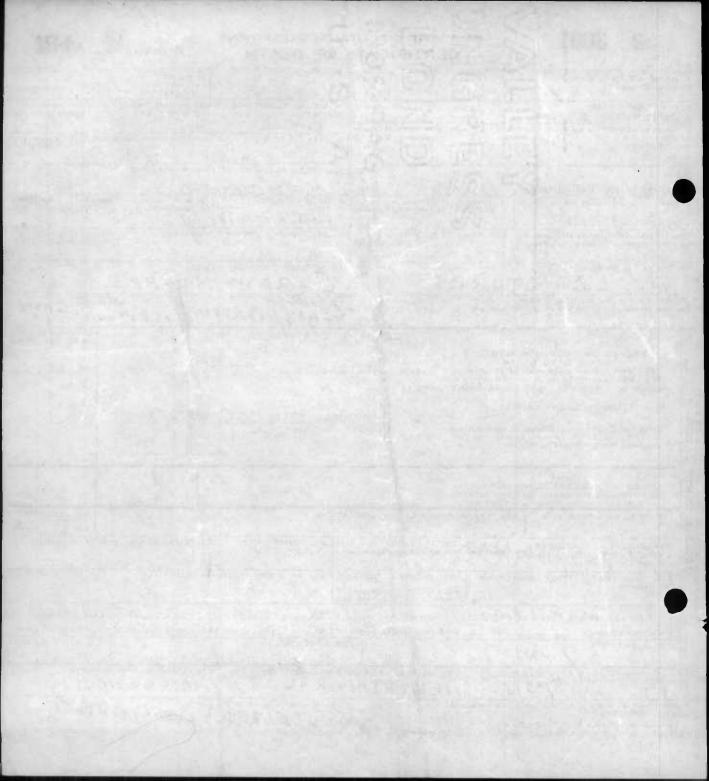
151



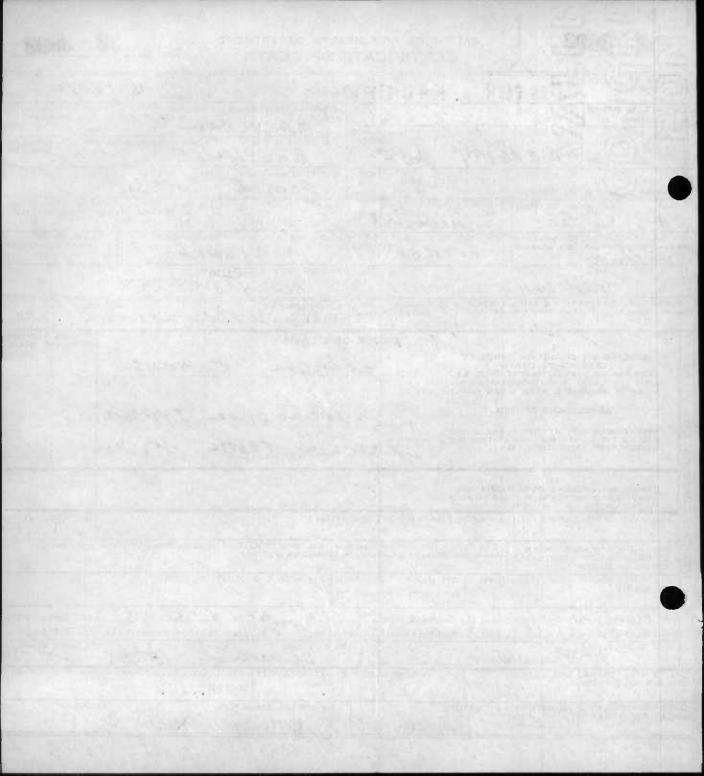
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3691

BIRTH NO.	0.
1. NAME OF DECEASED 2. DATE	
(Type or Print)  Beck. Maude  OF  DEATH Apri.	1 16, 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE  B. COUNTY	nstitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or Mary Land	
HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
St. Joseph's Hospital Baltimore #16	-0/
Yrs. O. STREET ADDRESS (If rural, give location)	
ength of stay in Baltimore 70 years Days 1405 Poplar Grove Street	
WIDOWED DIVORCED (Garater) Mon	Under I Year   If Under 24 Hours
Female   White   Widow   OCT 22/818   /3   3	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)  work done during most of working life, even if retired)  INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
Housewife Own home Virginia	
13. FATHER'S NAME	
ALBERT STUBBS SARAH HUGHES	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	DRESS CRAVE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CLANYS WATS ON 1405 POR	LAR 3F
18. 422./ CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A) Terminal bronchopneumonia	l days
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Arteriosciero de Carolo vascular	
Z DISEASES OR CONDITIONS, IF ANY, GIVING DISEASES OR CONDITIONS DISEASES OR CONDITIONS DISEASES DIS	
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) AT TETIOSCI TO LIC CATGLOVASCULAI  DUE TO D	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) AFTEFIOSCIETO LIC CAPGIOVASCULAR  DUE TO DISEASE  (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) AT TETIOSCI FOUTE CATGLOVAS CULTAT  DUE TO  GEOMETRIC CATGLOVAS	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	20. AUTOPSY?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.)  1 INJURY OCCUR?	YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING Shout home, farm, factory, street, office bidg., etc.)  CAUSE OF DEATH  DUE TO  disease  (If in Baltimore City, garage and shout home, farm, factory, street, office bidg., etc.)  INJURY OCCUR?	YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED OF INJURY  WHILE AT NOT WHILE	YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  WHILE AT NOT WHILE THOUGH TO DEATH  WORK AT WORK  WHILE AT NOT WHILE WORK AT WORK	YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from February 21, 19 52 to April 16, 19 52	ves No
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bidg, etc.) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from February 21, 19 52 to April 16, 19 52  deceased alive on April 16, 19 52. and that death occurred at 3:05 pm., from the causes and on the	YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING Shout home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. s., in or INJURY OCCUR?  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22C. I hereby certify that I attended the deceased from February 21, 19 52 to April 16, 19 52  deceased alive on April 16, 19 52 and that death occurred at 3:05 pm., from the causes and on the 23A. SIGNATURE  23B. ADDRESS	yes No
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.)  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  21E. INJURY OCCURRED WHILE AT WORK  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22 I hereby certify that I attended the deceased from February 21 19 52 to April 16, 19 52  deceased alive on April 16, 19 52 and that death occurred at 3:05 pm., from the causes and on the 23B. ADDRESS  M. O. DIRECT CONDITION (City, town, or CREMATERY) 240, LOCATION (City,	yes No
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER-LYING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  OF INJURY  22. I hereby certify that I attended the deceased from February 21, 19 52 to April 16, 19 52  deceased alive on April 16, 19 52. and that death occurred at 3:05 pm., from the causes and on the 23A. SIGNATURE  22A. BURIAL CREMA-1 24B. DATE (1)  224C. NAME OF CEMETERY ON CREMATORY 240. LOCATION (City, town.	yes No
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	yes No No Notive exact location)  2 that I last saw the ne date stated above.    23c. DATE SIGNED   April 16, 152     April 16, 152     Or county   (State)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	yes No No Notive exact location)  2 that I last saw the ne date stated above.    23c. DATE SIGNED   April 16, 152     April 16, 152     Or county   (State)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.etc.)  LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.etc.)  10D WHILE AT NOT WHILE AT AT WORK  22A. SIGNATURE  24A. BURIAL. CREMA-1249, CATE 24G, NAME OF CEMETERY ON CREMATORY 240, LOCATION (City, town.)  DATE RECEIVED BY REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR	yes No No Notive exact location)  2 that I last saw the ne date stated above.    23c. DATE SIGNED   April 16, 152     April 16, 152     Or county   (State)



1	22.						
	52	3692		TIMORE CITY HE	ALTH DEPARTMEN	Registered 1	3698
	RTH NO.						
1. (T <sub>3</sub>	NAME OF I	CHEST	ER A.	KAUFFM	AN-	DEATH	15-52
3. A.	PLACE OF I Baltimore	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission)
HC	SPITAL OR	OF (If not in hospit	al or institutio	on, give strect address or location)	c. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and give
IN	STITUTION	UNIVER	SITY	HOSP-		MORE J.	township)
		star in Doltiman		Yrs. Mos.	2002 E	(If rural, give location)  - Soth St.	
5.	sex	stay in Baltimore	7. SINGLE	Days Days	8. DATE OF BIRTH	19 AGE (In years)	If Under 1 Year   If Under 24 Hours onths! Days   Hours   Min.
	m-	w -		ED, DIYORCED (Secify)	July 13, 1881	70	
10. work	done during most	CCUPATION (Give kind of t of working life, even if retired)	10в. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	ACCOUNT FATHER'S				14. MOTHER'S MAIDE		
		MARION	Kau	ffman	MARY	MEADE	
	. WAS DECEAS , no or unknown	SED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Leslie M	.Gettemuller -	2002 E. 30th
	18. 14	20.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION			4-0-	m and all	
		LEADING TO DEA	of dying, e.g.		REBRAC	e moscus-	
		lure, asthonia, ctc. It mes r complication which					
		ANTECEDENT CAU	SES	M	VOCA-RDIA	L INFAN	CTION
NO O	DISEAS	ES OR CONDITIONS,	F ANY, GIVIN	G			
FICATION		THE ABOVE CAUSE (A)		(c) ANTE	RUSCLERO	TIC HT.D	75 -
FIG							
RT		SIGNIFICANT COND NG TO THE DEATH, BUT					
CE	TO THE	DISEASE OR CONDITION	CAUSING IT		THE RESERVE OF THE PARTY OF THE		20. AUTOPSY?
7	19A. DATE	OF OPERATION	198. MAJOR	FINDINGS OF OPER	RATION		YES NO
EDICA	21A. ACCI	DENT WAS UNDER-		CE OF INJURY (e. g., l arm, factory, street, office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
Σ	21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN.	JURY OCCUR?	
	INJUR	Y	m.	WORK NOT WHILE			
	22. I here	by certify that I at	tended the	deceased from_4	-14 155 to	4-15,15	that I last saw th
	deceased	alive on U-1		and that death occu	rred at Pin., fro	om the causes and on	the date stated above   23c. DATE SIGNED
	23A. SIGN	Mew	er C	D. M. D.	Unve	why Hon	4-15-5
2.	4A. BURIAL.	CREMA- 248. DATE	K	AC. NAME OF CEMETE		D. LOCATION (City Now	n, or county) (State)
1	on, REMOVAL Buria	al   4/18/9		Loudon Park	.1	alto, Md.	ADDRESS
	ATE RECEIV	STRAR Thurtin	ton A	Miaux M.P.	28 FUNERAL DIRECT	Inchener Y	ADDRESS
=	APVs 150	1952	7	000	81	Both	.md.
					V	0	



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3693
Registered No.

BII	RTH NO.						
	NAME OF DECEAS		DOLP4	PHHLIPS		2. DATE OF DEATH	5-/5-2
Α.	PLACE OF DEATH: Baltimore City, I	Maryland			A. STATE	NCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
B. I HC IN:	STITUTION OF			on, give street address or AL 1603 P	C. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give township)
				Yrs.	D. STREET ADDRE		
		D-14/		Mos.	310	S HILTON ST	
5	Length of stay in	LOR OR RACE	7. SINGLE	Days Days	8. DATE OF BIRTH	1 Q AGE (In years)	Under 1 Year   H Under 24 Hours
٥.	M	W	WIDOW	ED, DIVORCED (Specify)	Sept 1, 18	last birthday) Mo	nths Days Hours Min.
	A. USUAL OCCUPA' deneduring most of working		10B. KIND	OF BUSINESS OR	11. BERTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
4	SHIPPING	CLERK	Balmar	r Corp.	BALTI	MORE MD	USA.
13	FATHER'S NAME			Melbillery (M)	14. MOTHER'S MA	IDEN NAME	
	James	PHI	LLIPS		Annie Yo	ungheen	
15 (Y-	. WAS DECEASED EVE	R IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
( x es	-no	, see a constant of date		SECORITI NO.	MESKATNER	THE WANKILL	JAME
1				CAUSE	OF DEATH		INTERVAL BETWEEN
	Tau.	CONDITION	DIRECTIV				ONSET AND DEATH
	LEAI	DING TO DEA	TH	UFNI	PEICULAR	TACH YEAR W.	2
	(This does not n beart failure, ast injury or compl	henia, etc. It mea	ans the diseas	se,			
	ANTE	CEDENT CAU	ere		11	7	
z	AINTE	CEBERT CAO	555	(B) ACU	TE MYOCK	RDIAL INFA	CRON
NO	DISEASES OR O						
CAT	UNDERLYING	CONDITION L	AST.				
위				46)			
RTI		11	IWIONG on				
田田田	OTHER SIGNIF	THE DEATH, BUT	NOT RELAT	<b>ED</b>			
U	TO THE DISEASE			FINDINGS OF OPE	RATION		20. AUTOPSY?
AL	13A. 5	0			Marin Law College		YES NO
EDICA	21A. ACCIDENT, S	UICIDE.	21B. PL	ACE OF INJURY (e. g.,	in or 21c. WHERE D		give exact location)
	HOMICIDE (Spe	ecify)	about home,	farm, factory, street, office bldg.	etc.) INJURY OCCU	R f	
Σ	21D. TIME (Month	n) (Day) (Year	) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID	INJURY OCCUR?	-1
	F INJURY			WHILE AT NOT WHILE			
L			m.	WORK AT WORK	40 10 10 1	270 april 15, 195	That I last ones the
			tended the	deceased from		from the causes and on t	
	deceased alive o	n frac /3		and that death of the	23B. ADDRESS	, from the causes and on t	23c. DATE SIGNED
	23A. SIGNATURE		Kula	M. D.	unin me	morial 148pm	spir/15, 152
2	4A. BURIAL, CREMA	1- 24B. DATE		24c. NAME OF CEMET	ERY OR CREMATORY	24D. LOCATION (City, town	, or county) (State)
TI	on, REMOVAL (Specify Burial	1/18/	52	New Cathed		Balto., Md.	The Part of the Part of
-	ATE RECEIVED BY	REGISTRAR	'S SIGNATI		25 FUNERAL DA	4	ADDRESS
	OCAL REGISTRAR	1 1		Will on a MA	1 High al	. Tickener Y)	Law
A	PR 1 / 1952	Hunh	nglovi	THURSDA- MY	1 /1/11/19	· Mount	0.0
	VS 150		0	2497	1	KAPTI	md.

VS 150

3694

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3694

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) April 15, 1952 LESLIE EARLE HARTLOVE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR U.S. PUBLIC Health Service location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Hospital townshin) Baltimo re Wyman Pk. mrive 31st Street D. STREET ADDRESS (If rural, give location) Mos. 2119 Kirk Avenue ength of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under | Year | II Under 24 Hours last hirthday) Months: Days Hours: Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) Married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF Robert Szech INDUSTRY Construction Co. work done during most of working life, even if retired) WHAT COUNTRY Maryland Bricklayer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Hartlove Flizabeth Eberle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY Records US PHS Hospital, Balto, Md. - USA Yes WWI INTERVAL BETWEEN CAUSE OF DEATH 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Coronary artery sclerosis with LEADING TO DEATH Ilnknown (This does not mean the mode of dying, e.g., (A) occlusions, multiple heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from Apr. 15 19 52 to Apr. . 1952 that I last saw the deceased alive on Apr. 15, 1952, and that death occurred at 8:10P m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED US PHS Hospital, Balto, Md. Wone SCATION (City, town or county) BURIAL, CREMA-REMOVAL (Specify) 24c. NAME OF CEN 24B DATE RECEIVED BY GISTRAR'S SIGNATURE LOOPERECISTRAR

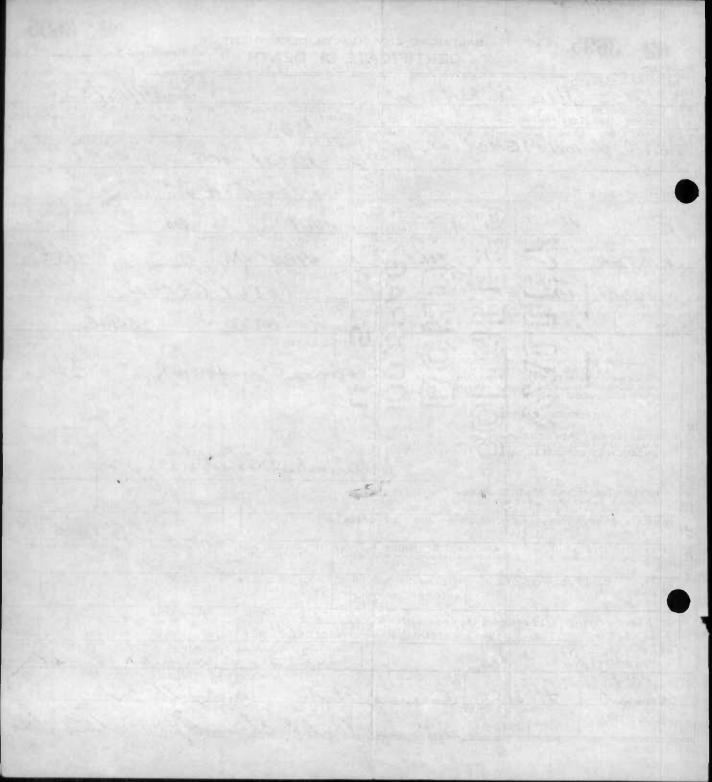
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3695

Registered No.

BI	RTH NO.							
	NAME OF DE	S OLIE	R. Lo	TMAN		2. DATE OF DEATH	5/52	
A.		ity, Maryland	al or instituti	on, give street address or	4. USUAL RESIDENCE (	Where deceased lived, If i	nstitution: residence before admission)	
H	FULL NAME OSPITAL OR STITUTION	UNION ME			C. CITY OR TOWN ()	If outside corporate limits	, write RURAL and give (ownship)	
				Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	Car Man	
E	ength of st	ay in Baltimore	) 7 SINGLE	Days		9. AGE (In years) H	Under 1 Year   If Under 24 Hours	
	F.	W		. MARRIED, ED, DIVORCED (Specify)	JULY 22,1890	last birthday) Mon	nths Days Hours Min.	
		CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	FATHER'S N		I EX	TILE	14. MOTHER'S MAIDEN N	NAME	USA.	
	Joi	IN TOLN	ERT		BETTY	GREEN		
	. WAS DECEASE s. po or unknown)	D EVER IN U. S. ARMEI (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AI	DDRESS	
	_	-		217-03-0326	HUSBAND	SA	INTERVAL BETWEEN	
TIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO							
SERT	TRIBUTING	SIGNIFICANT COND S TO THE GEATH, BUT ISEASE OR CONDITION	NOT RELATE	D.				
1				FINDINGS OF OPE	RATION	20. AUTOPSY?		
EDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., arm,factory,street,office bldg.,		(If in Baltimore City, a		
Σ	210. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURF WHILE AT NOT WHILE WORK AT WORK				
		y certify that I at	tended the	accessed from			that I last saw the	
	deceased at	live on 4-15	195 2	and that death occu	rred at 11 Pm., from	the causes and on the	he date stated above.	
	234.319	Juds N	elson	м. о.	Baltimore 18	Marghan	April 1952	
2 TI	AA. BURIAL, ON, REMOVAL	crema. 248. DATE pecify)	159	24c, NAME OF CEMETI	Par. M. Du	hewell In	or (ounty) (State)	
	DATE RECEIVE		'S SIGNATE	JRE WILL AND AND	25. FUNERAL DIRECTOR		Chastur Spe.	
=	VS 150	· · · · · · · · · · · · · · · · · · ·	1	THE STATE OF THE S				

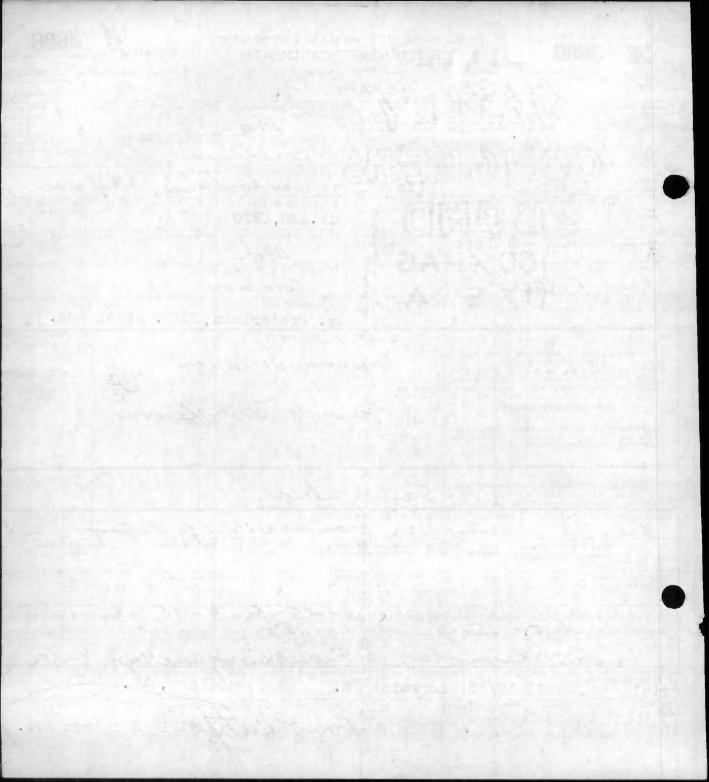


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_	3/52	3696	BALTIMORE CITY H			S 3696
В	RTH NO.		CERTIFICA	E OF DEAT	H Registered	110
1. (T	NAME OF I	BE;	RGEN Soph.	ie I.	2. DATE OF DEATH	-15-52
Α.		City, Maryland	Baltimore, Md	A. STATE	ENCE (Where deceased lived, If B. COUNTY	institution: residence before admission
H	FULL NAME OSPITAL OR ISTITUTION		square Hospital	C. CITY OR TOWN	timore 2	ts, write RURAL and give
	ngth of s	stay in Baltimore	Life Mos.	6- 1	ged House, At	hal ave
	F	6. COLOR OR RACE	WIDOWED DIVORCED (Specif	B. DATE OF BIRTY	lant hinth days) 34	if Under 1 Year on the Days Hours Min.
1 C worl	done Wiret	CCUPATION (Give kind of of working life, even if retired)	100 KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME	4. ASI 3-130 SA-1-	14. MOTHER'S MA	IDEN NAME	
	Tree	d tisher		Colen	nan	
(Ye	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
				Sr. Freder	icka, 22 S. Ath	ol was
NOI	(This does heart failt injury or	SE OR CONDITION LEADING TO DEA'S not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I	TH  off dying, e.g.,  ans the disease, caused death.)  DUE TO  SES  (B)	nay occ ur. arte	lusion rioselerosis	ONSET AND DEATH
ICATION	UNDERL	YING CONDITION LA	STATING THE DUE TO AST. (C)			
CERTIFI	TRIBUTING	II BIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED GASING	ulcer		
AL	19A. DATE (	of operation 1	98. MAJOR FINDINGS OF OPE Gastric ulcur, 01		statal gashecto	20. AUTOPSY?
MEDICAL	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office hidge	in or   21c. WHERE D	ID (If in Baltimore City.	
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?	
			m. WHILE AT NOT WHIL			
	22. I hereb	y certify that I att		3-25,195	1, to 4 - 15, 195	that I last saw the
		live on 4-15 -	, 1952 and that death occi	erred at 750 Am.,	from the causes and on t	
	23A. SIGNA	TURE OF	endertuo mo	FAMILL LA	· Coresponded	23c. DATE SIGNED
24	IA. BUNIAL.	CREMA- 248. DATE	24c. NAME OF CEMET	ERY OR CREMATORY	24D. LOCATION (City Jown	, or county) (State)
Bi	n, removal (S	April ]	18/52 Lorraine E	k.	Woodlawn, Ma.	

ADDRESS

REGISTRAR'S SIGNATURE

DATE RECEIVED BY LOCAL REGISTRAR



51	Ec								_	0	10-11
1.	2 36	97				OF DEATH		Regis	tered No.	2 :	3697
BIR	TH NO.			JERIIFI	CAIL	OF DEATH					
	NAME OF D pe or Print)	ECEASED	MICHAEL		CON	RAD		2. DATE OF DEATH	pril 1	5, 19	52
A. I		City, Maryland				4. USUAL RESIDE		ere deceased B. COU		titution:	residence e admission)
HO!	SPITAL OR	Johns Hop				C. CITY OR TOWN		utside corpor	ate limits, v	vrite RUR	township
	Length of s	tay in Baltimore		life	Yrs. Mos. Days	D. STREET ADDRE		ral, give foca dison S			
	ale	6.COLOR OR RACE White		, MARRIED. ED, DIVORCEI	(Specify)	Apr. 5, 188		9. AGE (ln : last birth	day) Monti	der 1 Year hs: Days 1	Hours Min.
	lone during most o	CUPATION (Give kind of of working life, even if retired)		of BUSINES	DUSTRY	Baltimore		eign country	) 12	WHAT	OF COUNTRY S.A.
13.	FATHER'S N	Michael C	onrad			14. MOTHER'S MA	Vanci				
(Yes,	WAS DECEASE no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date W.W. 1		16. SOCIAL SECURIT 218-18-9	TY NO. I.	Mary E. Con	rad, w	ife, ab		RESS	
ERTIFICATION	heart failu injury or DISEASE: RISE TO T	a not mean the mode of the asthenia, etc. It mes complication which of anticomplication which of anticomplication which of anticomplication which of anticomplication conditions. If the above cause (a) ying condition La	ens the disease caused death. SES F ANY, GIVIN STATING TH	(B)		sclerotic ca	arojov.	asculer	ulsea	96	
	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D							
1	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS C	OF OPERA	TION					UTOPSY?
51	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	about home, fa	CE OF INJUR	Y (e.g., in office bldg., etc	21c. WHERE D		in Baltimor	e City, giv	e exact lo	NO LA
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)		HILE AT WORK	OCCURRED NOT WHILE	21F, HOW DID	INJURY	OCCUR?			
	the ev	fy that I took char idence obtained by eath in my opinion TURE	said Auto	nsu. Inspect	ion or In	quiry, find that , accident ,	said dec suicide [	ceased died, homicia	Inquiry $d$ on the $de \square$ , unc	day sta	ited above red □.
24. TIO	A. BURIAL.	CREMA- 24B. DATE	00-	Me OF		ASSISTANT MEDICAL INVE Y OR CREMATORY	ESTIGATO		Apr		(State)
-110	Burial	Apr. 19,	1952	Parkwood				Taylor			
DA	TE RECEIVE	RAR IL	s signatu	1/11-	MZ	Schimunek F 2601-3-5 E	uneral	Home,		DDRESS	1
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) LEONARDO MONFREDO April 16, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF "If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. length of stay in Baltimore 1752 Homestead Street 42 years Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours last birthday) | Months: Days | Hours: Min. Male White March 10, 1888 Married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 103. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Fruit Merchant Self Casamassima, Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nicola Monfredo 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 3239 Shave Nicola Monfredo CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary occlusion (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE XEA ANTECEDENT CAUSES Myocardial infarct ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION -20. AUTOPSYT NO X YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes \( \mathbb{M} \), accident \( \mathbb{M} \), suicide \( \mathbb{M} \), homicide \( \mathbb{M} \), undetermined \( \mathbb{M} \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... April 16, 1952 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B, DATE TION, REMOVAL (Specify) 4430

19 1952 Holy Redeemer Cem.

Juntinglow Vellacus 151

REGISTRAR'S SIGNATURE

April

Burial DATE RECEIVED BY

LOCAL REGISTRAR

S. High

ADDRESS

Belair Rd.

FUNERAL DIRECTOR

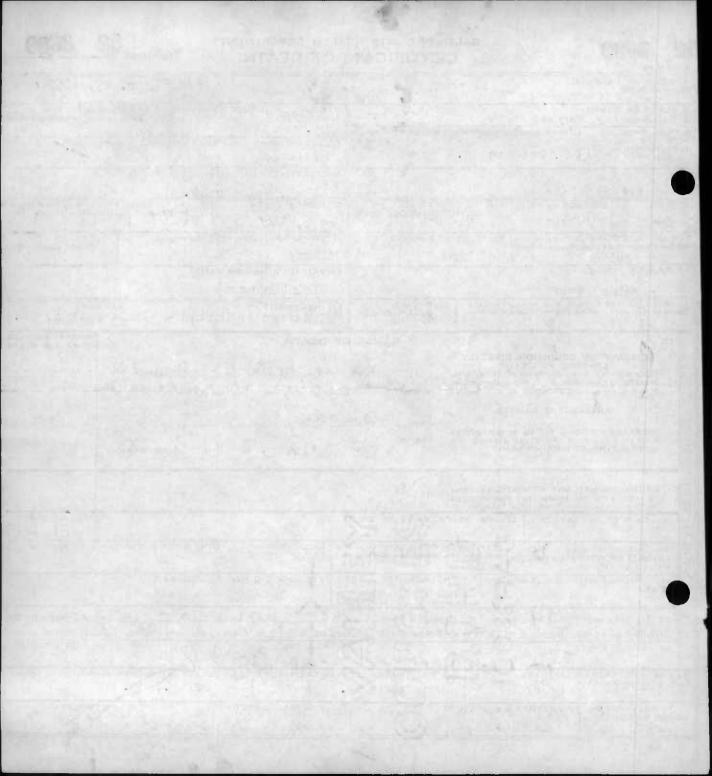
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3699

BIRTH NO.					
	CLARA PORTE	R		DEATH	15, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (VA. STATE Md.	Where deceased lived. If in B. COUNTY	stitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			outside corpora e limits	Brite RURAL and give	
INSTITUTION 513 S. Poto	mac St.			1 = 0	township)
071		Yrs.	Baltimore D. STREET ADDRESS (If	rural, give location)	
anoth of store in Beltimone		Mos.			
Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		8. DATE OF BIRTH		nder 1 Year   If Under 24 Hours	
female white	WIDOWED DI	VORCED (Specify)	May 2, 1880	71 Mont	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kied of work done during most of working life, even if retired)	108. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 1	2. CITIZEN OF WHAT COUNTRY?
housewife	at home	MDOG. K.	Germany		
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Wiggins Vehr			Elsie(Unknown)		
15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknowo) (If yee, give war or date	D FORCES? 16. S s of mervice) S	SOCIAL SECURITY NO.	Mr. Alexander Po	rter - 513 S.	Potomac St.
COLUMN TO THE NUMBER OF THE PARTY OF THE PAR	ns the disease, caused death.) of the caused death.		ardiac De	The same of the sa	20.00
O TO THE DISEASE OR CONDITION	CAUSING IT				
	19B. MAJOR FIND	INGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER-	1 21 21 105 25	- 1111110111111111111111111111111111111	Late WHERE DID	If in Baltimore City, gi	YES NO NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		FINJURY (e. g., i ory,street,office bldg.,		II in balumore City, gr	ve exact location;
210. TIME (Month) (Day) (Year	(Hour)   21E. IN	JURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	MESTER ST
FINJORY	m. WHILE A	NOT WHILE			
22 I hander and for the A T of			Nov 1957 to 4	1-15-,1957	that I last sam the
deceased alive on 4-14.	= 10 53 - m d +1	hat death occur			
23A. SIGNATURE	, 15 = , and cr	la death occa	23B. ADDRESS	neo caraboo ana on one	23c. DATE SIGNED
To. 13	ELL	м. о.	7201 Gork	5 172	4-16-52
24a. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 4/18/5			RY OR CREMATORY 1240. L	Balto., Md.	r county) (State)
DATE RECEIVED BY REGISTRAR LOCAL REGISTRAR	'S SIGNATURE	AIREA MI	25 FUNERAL DIRECTOR	Janer Y	APDRESS
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				IN MUMMI	11000



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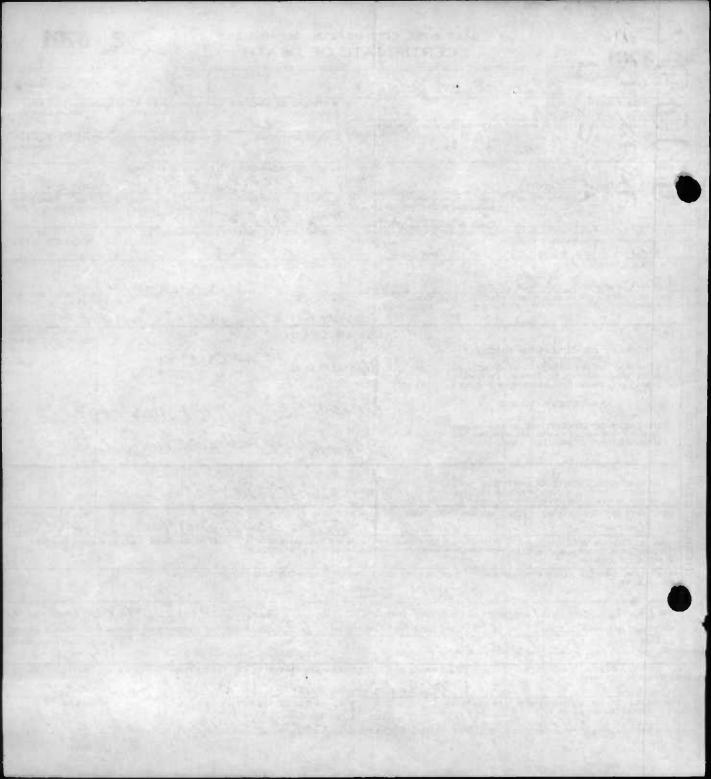
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3700

BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE atherine M. Fise OF 4/16/5 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write-RILLA Land give C. CITY OR TOWN INSTITUTION (ownship) Uf rural, give location Yrs. D. STREET ADDRESS Jounsend Length of stay in Baltimore Days If Under 1 Year 6. COLOR OR RACE 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Married 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House wife anada 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or naknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or naknown) SECURITY NO. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY condice-edence of LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ..... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Parkenson'. freehere of hip. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CERTIFICATION APPROVED BY 正 ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING in the own home. 4109 Towerd eve et home CAUSE OF DEATH 21F. HOW DO INJURY OCCUPATION 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY tred while released up 4.2.52 NOT WHILE WORK 22. I hereby certify that I attended the deceased from 19 52 and that death occurred at. m., from the causes and on the date stated above, deccased alive on 23A. SIGNATUR 23c. DATE SIGNED 4-17-52.1 M. D. 24D. LOCATION (City, town, or county) 24A. BURIAL, -CREMA 24C, NAME OF CEMETERY OF CREMATORY 24B. DATE Burial 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE

536  BALTIMORE CITY HE CERTIFICATI	
I. NAME OF DECEASED Blanche Snyder	2. DATE OF DEATH 4-15-52
8. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF HOSPITAL OR INSTITUTION  The property of the	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)  B. COUNTY before admission  B. COUNTY before admission  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos. Days	Old Court Rd, - Rural
SEX 6. COLOR OR RACE 7. SINCLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years li Under   Year   H Under 24 Hours   H Under 24 Hours
10A. USUAL OCCUPATION (Givehind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  10A. USUAL OCCUPATION (Givehind of life, with life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	Md.
(Maknown) Shaven	14. MOTHER'S MAIDEN NAME Belle (Unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Adels Cullings Route 14 Box 487
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	monary Embolisms  Magadial Pailur & Fibrillation  Mulmony Administration
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.	Poid Adenomata
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPER  4-10-50  21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., office bidg.	an   21c. WHERE DID (If in Baltimore Chy, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  WHILE AT WORK NOT WHILE AT WORK	ED 21F. HOW DID INJURY OCCUR?
deceased alive on 4-15, 195V, and that death occur  23A SIGNATURE	
24A: BURIAL GREMA 24B. DATE 24C. NAME OF CEMETE 10N. REMOVAL (Specify) 4/8/52 Middleton DATE RECEIVED BY REGISTRAR'S SIGNATURE	
LOCAL REGISTRAR  APR 17:1952 Instrugton Williams H. F.	We Box Inc 1217 St. Paul J.

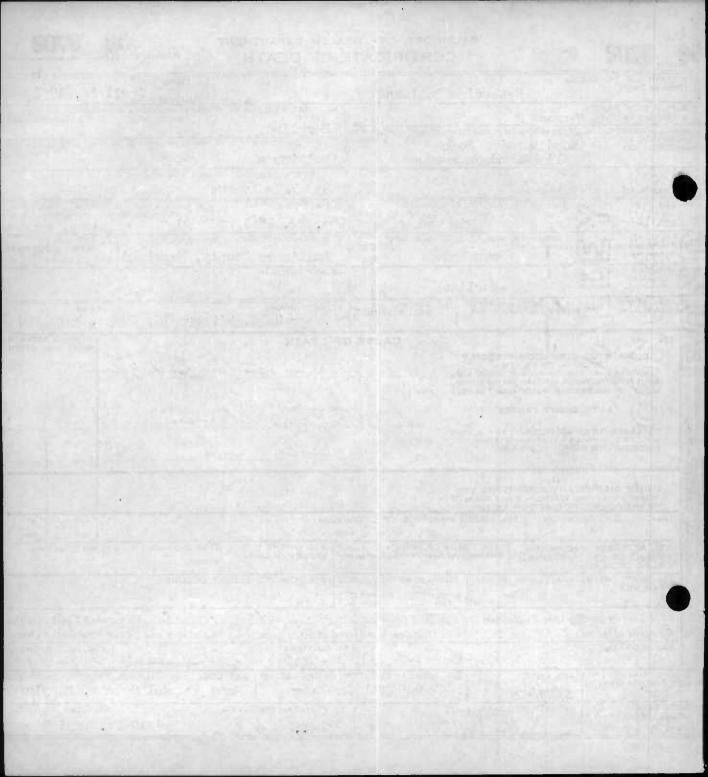


#### 2 3702 BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3702

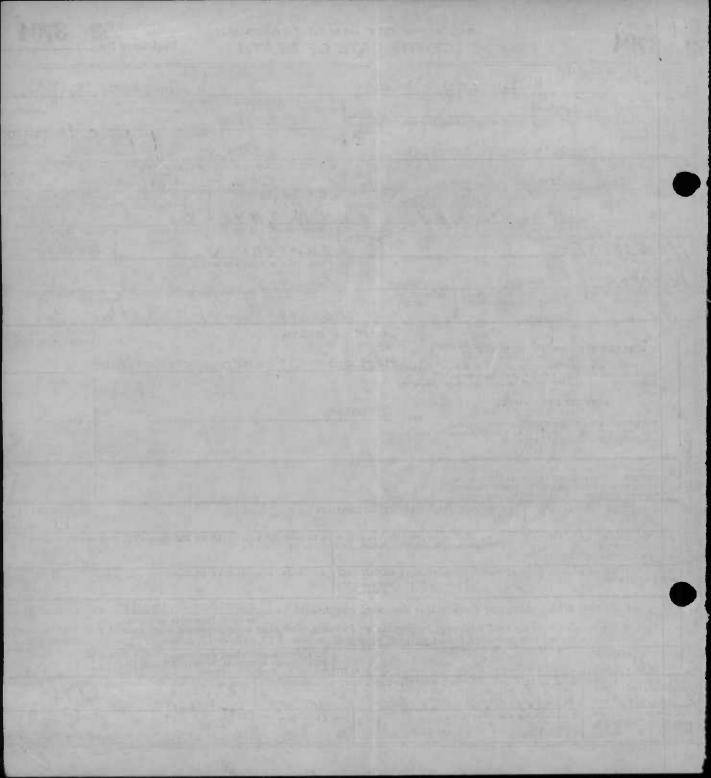
Diffill No.								
1. NAME OF DEC (Type or Print)		atherine	Ballman		2. DATE OF DEATH	April :	16, 1952	-
3. PLACE OF DEATH: A. Baltimore City, Maryland			A. STATE	NCE (Where deceased B. COU	l lived. If insti JNTY	tution: residence before admissio	n)	
B. FULL NAME OF			on, give street address or location)	c. CITY OR TOWN	/YE	The state of the s		_
INSTITUTION	Hood Nurs		ne i		(If outside corpo	tare lights, wr	townshi	
50	5313 Edmo	onason F		Baltimore	SS (If rural, give loc	1		
			Yrs. Mos.			ation)		
	y in Baltimore  5. COLOR OR RACE	7 CINCLE	Days	333 Yale A		years I Under	5 V 1 R II . I . A II	_
female	white	wic	, married, Ed, divorced (Specify) lowed	Dec. 22, 186	last birth	nday) Months	Days Hours Min	n.
10A. USUAL OCCI	UPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country		CITIZEN OF WHAT COUNTR	
housewif		own ho		Baltimore	County, Mary	land	WHAT COOKIR	
13. FATHER'S NA	ME			14. MOTHER'S MA	DEN NAME			_
	?	Werlin	ne	?				
15. WAS DECEASED (Yes, no or unknown)	EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Irs. Bertha S	Fitzgereld	ADDR		=
			1	ns. Derena S	. Liczgerald			
18. 446	2 X		CAUSE	OF DEATH			INTERVAL BETWEE	
DISEASE	OR CONDITION	DIRECTLY		1.	ula Rens	16.		
(This does n	LEADING TO DEAT not mean the mode of a sthenia, etc. It mea	f dying, e.g.	, (A)	manos	uen (cens	- Dun	<u> </u>	
injury or c	omplication which c	aused death.	DUE TO					
A	NTECEDENT CAUS	ES		0-1-	-/ .	STEXA!		
Z	(B) Malusclerus							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
UNDERLYING CONDITION LAST.								
E -					//			
	II GNIFICANT CONDITO THE DEATH, BUT					421		
TO THE DIS	EASE OR CONDITION	CAUSING IT						
19A. DATE OF	OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?	1
Š		L 215 DLA	CE OF INJURY (e. g., in	n or   21C. WHERE D	ID (If in Baltimor	no Citas grives	YES NO	2
LYING OR CAUSE OF D	NT WAS UNDER- CONTRIBUTING EATH	about home, fa	rm, factory, street, office bldg.,	ote.) INJURY OCCUP		re City, give	exact location)	
21D. TIME (M	lonth) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?			
HINSORT		m. W	HILE AT NOT WHILE					
22 I hamahas	certify that/I att		10	m, 194	8 4 1/1/2	10.526	at I last on a	7
deceased alin	1//1		and that death occur	712	from the causes a		at I last saw t	
23A. SIGNAT		_, 10,2, 0		38. ADDRESS	from the causes a		3c. DATE SIGNE	
1 Alli	HIII	wit	her M. D.	42097	Gred, and		4/16/52	
24A. BURIAL, CR TION, REMOVAL (Spe	REMA- 24B. DATE	2	4c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (C			
burial	4/19/52		Cedar Hill	Cemetery	Anne Arunde	1 County	y, Marylan	d
DATE RECEIVED	BY   REGISTRAR	S SIGNATU	RE	25. FUNERAL DIRE	ECTOR	AD	DRESS	-
APR 7	952 tunting	ton Wil	liques Mas	Wm-Good	ha 1	217 St.	Paul Stre	et
VS 150	1	el non	\$-100 TM1 d	0 / 0	C			



	F OF DEATH Registered No. 3703
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE OF A
(Type or Print) VINCENT S. PORTER	DEATH APPLL 10, 1902
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location)	township.
Baltimore City Hospitals	Pottsville
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	648 N. 2nd Street
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours: Min.
male white Married	9/5/1922 29 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY
Laborer   Bethlehem Steel	Maria, Pa.
13. FATHER'S NAME	
Thomas Porter	Ester Flaherty
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
yes World War #2	Joseph Porter, Palato, Pa.
18. E 812, 4, CAUSE	OF DEATH INTERVAL SETWEET DNSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A) UIRIIIO	cerebral injury
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
A DISEASES OF CONDITIONS IS ANY CHANGE	le lacerations, abrasions, contusions
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	and fractures
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e.g.,	
UNDERLYING LA OR CONTRIB.	
UTING CAUSE OF DEATH.   TOAD	1500' south of Norris Avenue
OF INJURY	L 0 D U
	above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or	Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural cause	s , acciaent 11, suiciae 1, nomiciae 1, unaccerminea 1.
XXX and A. N. VIIII	ASSISTANT MEDICAL EXAMINER 1 17 3050
24A. BURIAL, CREMA- 24B. DATE   24C. NAME OF CEMETE	M.D.   MEDICAL INVESTIGATOR
removal (Specify) 4/18/52 St. Clair	St. Clair. Penasylvania
DATE RECEIVED BY A REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Real Street
We will washington Ventaux Mis	The work was
VS 151 N803.70 6-30	?A

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

K'B	IRTH NO. CERTIF	TCATE	OF DEATH	Registered No.	
1	NAME OF DECEASED			12. DATE	
(	Type or Print) MATTIE LCO FUI	LER		OF April	15, 1952
	PLACE OF DEATH:	1	4. USUAL RESIDENCE (W	There deceased lived, If ins	stitution : residence
	Baltimore City, Maryland  FULL NAME OF Ci not in hospital or institution, give street	address or	A. STATE Maryland	B. COUNTY	before admission)
H	OSPITAL OR	location)		outside corporate mits, y	rite HURAL and give
	Franklin Square Hospital	7	Baltimore	19-	township)
	A COMPANY OF THE PARTY OF THE P	Yrs.	D. STREET ADDRESS (If		
	Length of stay in Baltimore	Mos. Days	319 N. Fr	ulton Avenue	
	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		8. DATE OF BIRTH	Q ACE (In years   If Had	der I Year   II Under 24 Hours
	Female Colored Marriad	ED (Specify)	July 15.1893	last birthday) Month	bs Days Hours Min.
10	DA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINE	SS OR	11. BIRTHPLACE (State or fo	reign country)   12	2. CITIZEN OF
WOI	k done during most of working life, even if retired)	NDUSTRY	1		WHAT COUNTRY?
1	FATHER'S NAME		14. MOTHER'S MAIDEN NA		N. O. W.
1	1/ m h m n m		7		
-4	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL		TONNIA :		
(Y	(If yes, give war or dates of service) SECUR	TY NO.	17. INFORMANT 7 11	1 190	RESS 3,19 1.
_	110		edward tulle	or tulto	N AVE
F	18. 422,1	CAUSE C	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
		rterios	clerotic cardiova	scular diseas	e
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
	ANTECEDENT CAUSES				
	ANTECEDENT CAUSES	Diabet	es		16-11-11-11
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	*******************	0	***************************************	***************************************
Ě	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
S	(C)				
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-				
R	TRIBUTING TO THE DEATH, BUT NOT RELATED				100
CE	TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION   19B, MAJOR FINDINGS	OF OPERA	TION		1 30 AUTODOVA
1	194, DATE OF OPERATION 198, MAJOR FINDINGS	OF OFERA	THON		20. AUTOPSY?
K	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJU	RY (e. g., in	or   21c. WHERE DID (If	f in Baltimore City, give	YES NO X
EDICA	UNDERLYING OR CONTRIB. about home, farm, factory, street	t, office bldg., etc	INJURY OCCUR?		
ME	UTING CAUSE OF DEATH.				
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT	OCCURRED	D 21F. HOW DID INJURY	OCCUR?	
	m. Work	AT WORK			
	22. I certify that I took charge of the remains de-	scribed ab			thereon and from
	the evidence obtained by said Autopsy, Inspec	tion or In	Autopsy, I Lauiry, find that said de	inspection or Inquiry	day stated above
	and death in my opinion resulted from: natur	al causes	X, accident □, suicide	□, homicide □, und	etermined .
	23A. SIGNATURE		238. CHIEF MEDICAL E	XAMINER 23c.	DATE SIGNED
	William 1 Bounder	м.	ASSISTANT MEDICAL E	or 📋 Apri	11 16, 1952
24	AA. BURIAL, CREMA- 248, DATE 24C NAME OF	CEMETER	Y OR CREMATORY 240	CATION City, town, or	courty) (State)
1	Jurial april 8, 1962 arky	(us)	Memorial Us	Treless	71101
D,	ATE RECEIVED BY REGISTRAD'S SIGNATURE	10	25. FUNERAL DIRECTOR	AI AI	DDRESS 322N
A	PR PP1932 Huntington Williams	, My. 7	ma Rate (R.11/2)	liams / &	chrosty de
_			TULLA LIVE VILLA I I LIVE VILLA I		THE STATE OF THE S



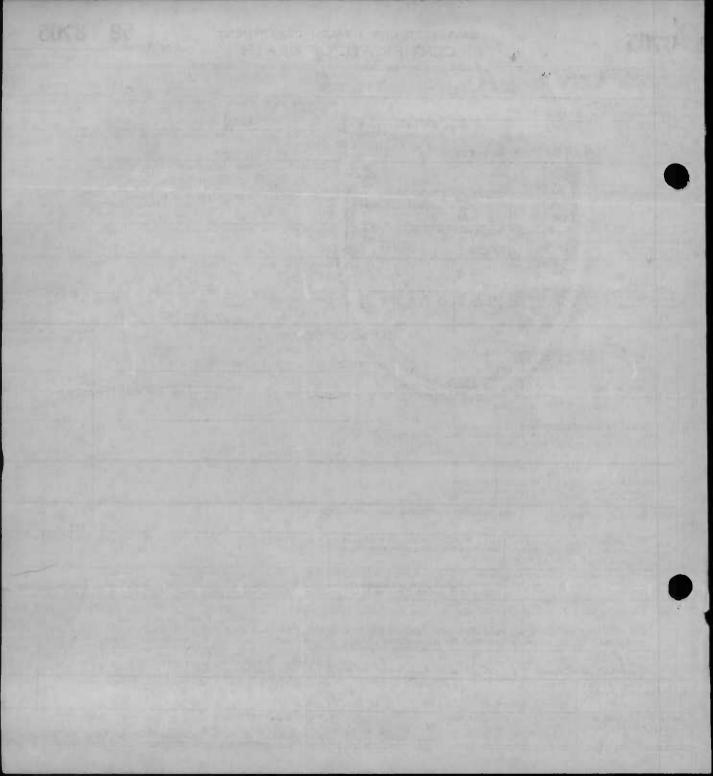
5/2/3705

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 3705

BIRTH NO.	
1. NAME OF DECEASED	2. DATE
(Type or Print) JAMES H. THOM	PSON DEATH April 17. 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
6509 Sefton Avenue	Baltimore township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 6509 Sefton Avenue
Length of stay in Baltimore Days  5 SEX   6 COLOR OF RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years   If Under 1 Year   If Under 24 Hours
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  male white MARRIED.	O. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
KESTAURANT, QUNER.	174410. 1924
RICHARD Thom DSON	MARIA DA
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, rive war or dates of service) SECURITY NO.	Mrs JH Thompson
18. 420.1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	ary artery sclerosis
(This does not mean the mode of dying, e.g., (A)	ry artery scierosis
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.  U 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OPERATION 19B, MAJOR FIND	RATION   20. AUTOPSY?
134. 5412 61 61 211111	YES X NO L
Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described	above, held an autopsy thereon and from
the evidence obtained by said Autoney Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above s. \( \bar{\text{L}} \), accident \( \bar{\text{L}} \), suicide \( \bar{\text{L}} \), homicide \( \bar{\text{L}} \), undetermined \( \bar{\text{L}} \).
23A. SIGNATURE	23B, CHIEF MEDICAL EXAMINER 23C, DATE SIGNED
24a. BURIAL, CREMA-1 24B. DATE   24c. NAME OF CEMET	M.D. MEDICAL INVESTIGATOR ADI'LL 11, 1904
TIEN, REMOVAL (Specify) 4-19-52 Moreland	Mem. Taylor ave mil
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR, ADDRESS
LOCAL REGISTRAR? Tuntington Williams M.J.	Morelared I. Hight 600g Harford Rd

2906M



6	2	4
BIRT	HNO	5

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered NZ 3706

BIRTH NO.	
1. NAME OF DECEASED Marylella Marsh	all, 2. DATE Opril 17,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived of institution: lesidence A. STATE B. COUNTY before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION  B. FULL NAME OF HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	1931 EUTAW 1911
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. FIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done doring most of working life, even if retired)  Hereselvele	acker South Car 48. a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANTS HOPKINS HOSPITAL ADDRESS
(Yes, no or unknown)  Af yes, give war or dates of service)  SECURITY NO.	TOPINS HOPKINS HOSPITAL
18. / 57X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	rolized Peritonitis 2 wks
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	clocho-jejunos Tomy for
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ce dion due to Corcinomo of
	poncycas
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
	PATION 20. AUTOPSY?  VES NO NO
U 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.	in or   21c. WHERE DID (If in Baltimore City, give exact location)
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	21F. HOW DID INJURY OCCUR?
m, WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	rred at 130 Am., from the causes and on the date stated above.
	23B. ADDRESS HOPKINS HOSPITAL 23c. DATE SIGNED
Your M.D.	4/1/10
24A. BORIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	ERY OR CREMATORY 24D, LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
ADD 17/10E2 Huntington Williams Miss	O CHEROTOR THON GUNGOOD
HI VS 150 1002	1111 mil

OR. 5500

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3707

⊕BI	RTH-NO.						
1. (T	NAME OF D		-	77 17		2. DATE OF	. 7 71
		Gumme	er, Jose	ephine Katheri	ne	DEATH AT	ril 14, 1952
A.		City, Maryland		Balto.	A. STATE	NCE (Where deceased live 8. COUNTY	
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN	(If outside corporate l	inits, write RURAL and give township)
0	-1	St.	Insenh!	s Hospital	Baltimore	#21,	( township)
				Yrs.	D. STREET ADDRE	SS (If rural, give location	)
c.	ngth of s	tay in Baltimore	Life	Mos. Days	710 S. Co	nkling Street	
5.	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	B. DATE OF BIRTH	9. AGE (in year	s If Under 1 Year   If Under 24 Hours
4-		3853 * 4		ED, DIVORCED (Specify)	1 35 00	last birthday)	Months Days Hours Min.
	ema Le	White CUPATION (Give kind of	Wid	OF BUSINESS OR	11 BIRTHPLACE (S	tate or foreign country)	l 12. CITIZEN OF
work	done during most	of working life, even if retired)	TOB. KINE	INDUSTRY			WHAT COUNTRY?
		ewife	Own	home	Baltimore		
13	. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME	
		Alphons		terer	Mary Gut	man	
15 (Ye	. WAS DECEASE , no or nnknown)	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
,				OECONITI NO.	Alphonse Su	mmer- same addr	ess
	18. 4-20			CAUSE	OF DEATH		INTERVAL BETWEEN
	1 "	SE OR CONDITION	DIRECTIV				ONSET AND DEATH
	DISEAS	LEADING TO DEA	TH	.,			
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	of dying, e. g	(A)Myoc	ardial degen	eration	
		eomplication which					
		ANTECEDENT CAUS	SES				RO-TO FILL SOCIETY
7	Company impossible impossible						
0		OR CONDITIONS, I		IG A	0 - 1		
TA	UNDERLY	TING CONDITION LA	ST.	-	farelion	· ,	
υ				(C)	······································		
CERTIFICATION		11					
RT		IGNIFICANT CONDI					
Ш		TO THE DEATH, BUT					
	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
AL							YES NO X
IEDICAL	21A. ACCID LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH	218. PL/ about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21C. WHERE D	ID (If in Baltimore Ci	ty, give exact location)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	F INJURY		m.	WHILE AT NOT WHILE			
	22 I hamah	as contifes that I att	anded the	deceased from Max	12 79 1052	to April The 1	9.52that I last saw the
	deceased at	line on Americal	onueu ine	ueceused from Mar	en to 10m		on the date stated above.
	23A. SIGNA		J. 19_5Z.		3B. ADDRESS	from the causes and o	23c. DATE SIGNED
	Edura		laura			roline Street	April 11. 152
2	4A. BURIAL,	CREMA- 248. DATE	T		RY OR CREMATORY	240. LOCATION (City, t	own, or county) (State)
TI	ON, REMOVAL (S	al 4-18	3-52	Sacred Hea	rt	Baltim	ore
	ATE RECEIVE		SSIGNATI	IRE	25. FUNERAL DIR	ECTOR	ADDRESS
L	APR REGIET	1952 Huntin	ston !	Minus MER	Lilly & Zei	ler, Inc. 403	S. Wolfe Str.
-	VC 150		1 4 -	al-pare		- 13	

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#### RAITIMORE CITY HEALTH DEPARTMENT

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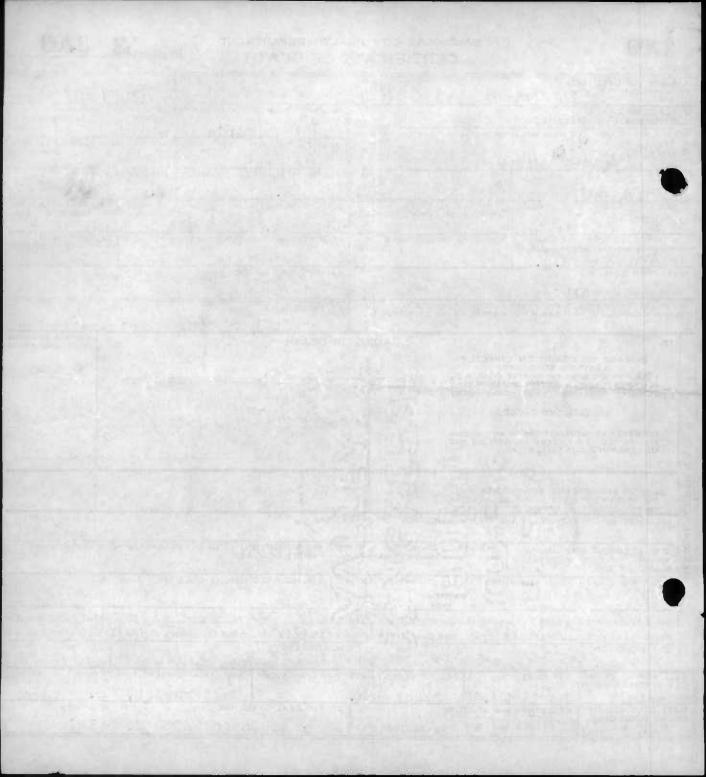
16	IRTH NO.	0		CERTIFICAT	E OF DEATH	Regi	stered No	3700
1. NAME OF DECEASED (Type or Print) OS FPHC. NOSAL							APRIL	16,195
A	. PLACE OF I Baltimore	City, Maryland	Balto	tion, give street address	4. USUAL RESIDENCE A. STATE MARYLAN	B. COI	lived. If institution	
H	OSPITAL OR INSTITUTION		SPITA	location		(If outside corpo	rate limits, write h	UICA Ir and give (ownship)
-		stay in Baltimore		D. STREET ADDRESS	(If rural, give loc	. 0.		
5	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Specif	8. DATE OF BIRTH	9. AGE (In		
wor	A. USUAL OC done during most	CCUPATION (Give kind of working life, even if retired	10B. KINE	O OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State o	r foreign country	WH	IZEN OF AT COUNTRY?
13	Wales	name nosa	0		14. MOTHER'S MAIDEN	NAME		3 /1
15 (Ye	5. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES? es of service)	16, SOCIAL SECURITY NO. 2/4-0/-3466	17. INFORMANT Helen E. Kusmu	1 bi 15	ADDRESS	
CERTIFICATION	(This doe heart failtinjury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEAS not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L  BIGNIFICANT COND BIGNIFICANT COND BIGNIFICANT COND BISSEASE OR CONDITION	TH  of dying, e. f  ans the diseas  caused death  SES  IF ANY, GIVIN  STATING TH  AST.  ITIONS CON  NOT RELATE	(A)	cardil Infa	rchin	, acule	5 days
				FINDINGS OF OPE	RATION		20 YES	AUTOPSY?
MEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g. farm, factory, street, office blds		(If in Baltimor	re City, give exac	t location)
2	21D. TIME INJURY	(Month) (Day) (Year		21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	Mark Bar	
	deceased a	live on Upril	tended the	deceased from A and that death occur	arred at 12 5 Am., from 23B. ADDRESS	April 16 the causes a	nd on the date	last saw the stated above.  PATE SIGNED
2. TI	4A. BURIAL, ON, REMOVAL (	CREMA- 248. DATE	19.59	24E NAME OF CEMET	ERY OR CREMATORY 240	LOCATION (C	town, or county	(State)
בים	ATE RECEIVE OCAL REGIST APR 17	D BY FEGISTRAR	In 111	liams MP	25. FUNERAL DIRECTO	Youkis	ADDRE 1007 EAST	tern du
	VS 150	0	-	470	74			

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#### BALTIMORE CITY HEALTH DEPARTMENT

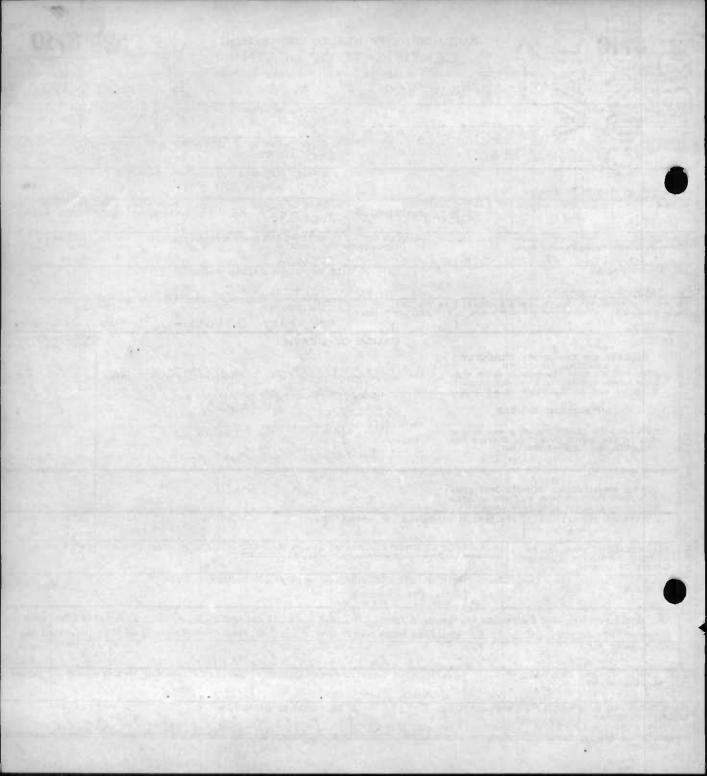
Registered No. 3709

BIRTH NO.	L OI DEATH						
1. NAME OF DECEASED (Type or Print) DONALD ALKIRE OF DEATH April 1952							
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence  a. STATE  B. COUNTY  before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)							
28 Mour Hosp	Piedmont						
c. Length of stay in Baltimore  Yrs.  Mos.  Days	b. STREET ADDRESS (If rural, give location)  5 E. Harrison St.						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min.						
MWS	June 18, 1936 15						
10A. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS OR work done during most of working life, eyen lfretired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Student H.S.	West Virginia						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Edgar R. Alkire	Belle Stuby						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
	Hospital Records University Hosp						
18. 393. 2 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY	2 1						
(This does not mean the mode of dying, e.g., (A)							
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES	T. 1+2 0.11 2 H						
Z DISEASES OF CONDITIONS AS ANY CHANG	swalls of among						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
UNDERLYING CONDITION LAST.							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)							
OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?						
	YES NO L						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	in or 21c. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?						
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE AT WORK							
22. I hereby ecrtify that I attended the deceased from M	arch 17, 1952, to agril 16, 1953 that I last saw the						
deceased alive on april 1954, and that death occurred at 10 pp.m., from the causes and on the date star							
Orled a. moor, fr. M.D.	Vinwerity Hose Balto Goll, 1952						
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of county) (State)							
Purial April 20.52 Pilos Cem.							
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
APR Tuntington Velleaces, My	John A. Moran 3000 E. Baltimore St						

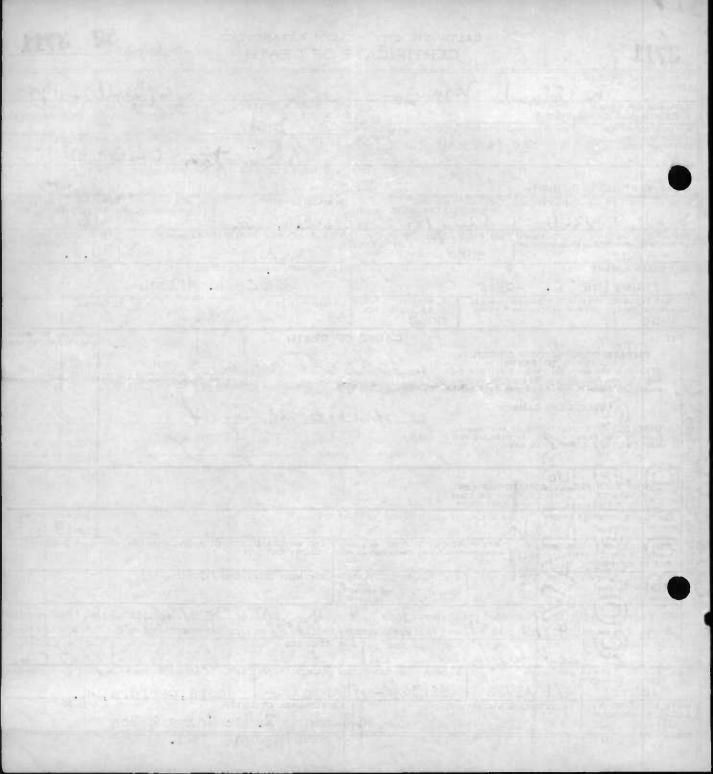


#### BALTIMORE CITY HEALTH DEPARTMENT

В	BIRTH NO.							
1. NAME OF DECEASED (Type or Print) MARIE CARRIE KOONTZ					2. DATE OF Apr. 16, 1952			
3. PLACE OF DEATH:  A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Beech Hill Nursing Home location)  1028 Harford Rd.				ion, give street address or HOME location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township)			
-	ength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give focation) 2535 Edmondson Ave.			
5.	female	6.COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED. (ED. DIVORCED (Specify)	8. DATE OF BIRTH  June 15, 1882  9. AGE (In years if Under 1 Year Months Days Hours Min.			
		CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?			
-	house		at ho	me	Maryland			
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NAME			
16	John Wi	urzbacher ED EVER IN U.S. ARMED	FORCECT	L se sector	Unknown			
(Ye	u, no or nnknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
_	no 18. ////			no	Mr. Welty D. Oden - 2535 Edmondson Ave.			
CERTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE O	SE OR CONDITION LEADING TO DEAT I not mean the mode of tre, asthenia, etc. It mean complication which of ANTECEDENT CAUSE SOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA GIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	FH f dying, e. g f dying, e. g sthe diseas aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING I	(B) DUE TO AUGUSTICATION OF THE DUE TO AUGUST (C) DUE TO AUGUST (C	esteusive Careliovascular months. ase Cerebral vascular lent: Sembity. einson's disease ible Meoplasin.			
SAL	19a. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPER				YES NO Z			
MEDICAL		ENT WAS UNDER. R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in arm, factory, street, office hidg., e				
-	ID. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK				
_ D	22. I hereby certify that I attended the deceased from 24 Mar., 1957 to 16 Afr., 1957, that I last saw the deceased alive on 16 Afr., 1957, and that death occurred at 7 15 m., from the causes and on the date stated above.  23A SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  24A. BURIAL, CREMA, 24B. DATE  24C. NAME OF CEMETERY OR CREMATORY  24D. LOCATION (City, town, or county) (State)  110N. REMOVAL (Specify)  Burial  1/18/12  Loudon Park Cem.  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  125 FUNERAL DIRECTOR  ADDRESS  VS 150  White Address and on the date stated above.  23C. DATE SIGNED  24D. LOCATION (City, town, or county) (State)  17 ADDRESS  ADDRESS							



	600 3711 52 08185	ALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered No.	3711			
	1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH:	monger	4. USUAL RESIDENCE (W		14 )952 tution: residence			
	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution)  HOSPITAL OR JOHNS HOPKINS HOS	tution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, wr	township)			
	ength of stay in Baltimore	Yrs. Mos. Dnys	o. STREET ADDRESS	ural, give location)	200-			
	male white "5"	SLE, MARRIED, OWED, DIVORCED (Specify) ND OF BUSINESS OR	Apr. 8, 1952	9. AGE (In years li Under last birthday) Months	Days Hours Min.			
	work dooe during most of working life, even if retired)	one	14. MOTHER'S MAIDEN NA		CITIZEN OF WHAT COUNTRY?			
	Frederick J. Moyer		Minnie L					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or uokoowo)  (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPK	ADDR HOSPITAL	ESS			
	18. 768.0 DISEASE OR CONDITION DIRECTI LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE OEATH, BUT NOT REL	e. g., (A)	of death epticemis u-born info		STATE OF THE STATE			
	TO THE DISEASE OR CONDITION CAUSING	ATED S IT.	PATION		20, AUTOPSY?			
	Y Y	OR FINDINGS OF OPER		f in Baltimore City, give	YES NO			
,	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hor CAUSE OF DEATH	PLACE OF INJURY (e. g., i me, farm, factory, street, office bldg.,		i in Danialore Oity, give	exact location)			
	ID. TIME (Month) (Day) (Year) (Hour) FINJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?				
	22. I hereby certify that I attended t deceased alive on 4-14, 1952	$t-14$ , 19 $\Omega$ , three eauses and on the d						
9	24A. BURIAL, CREMA- TION, REMOVAL (Specify)	M. O.		OCATION (City, town, or	bunty) (State)			
1	burial 4/18/1952 Trinity utheran Joppa Harford Mc Date Received By Registrar's Signature 25. Funeral Director Additional Registrary Local Registrary							
	APR 17 1932   tuntington Wellaus My Howard R. We Comas & Son  vs 150 Ablingdon Md.							



1	31	+0			×			
	5	2 3712		HEALTH DEPARTMENT	52 Registered No	3712		
	1.	1. NAME OF OECEASED (Type or Print)  CERTIFICATE OF DEATH  Registered N  STEELE  2. OATE OF OFATH 4-						
1	3.	PLACE OF DEATH:	.1 6	1 4. USUAL RESIDENCE (V	Where deceased lived, If in	7-52 stitution: residence		
-	В. !		al or institution, give street address	s or MD	A. A.	before admission)		
		SPITAL OR BON Seco	URS HOSPITA	on) c. CITY OR TOWN (II	outside corporate limits,	write RURAL and give township)		
				s. D. STREET ADDRESS (If	D. STREET ADDRESS (If rural, give location)  ELUPTON			
-		Length of stay in Baltimore SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years If Un	der 1 Year   If Under 24 Hours		
		TALE W	WIOOWED, DIVORCED (Spe	4-15-52		hs Days Hours Min.		
		A. USUAL OCCUPATION (Give kiod of dooe doring most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNT			
	13.	The man E	od Steele	14. MOTHER'S MAIDEN N				
		Thomas ELLWO	D FORCES?   16. SOCIAL	10A MAYOLI		ORESS		
	(Yes	, no or ookoowo) (If yes, give war or date	se of service) SECURITY N	0.				
		18. 776× 1		E OF DEATH		ONSET AND DEATH		
		DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode)	TH	Prematienty				
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUSES							
	DISEASES OR CONOITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
	IFIC	11	_(C)	······································				
		OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT	NOT RELATED					
	LC	19A. DATE OF OPERATION	198, MAJOR FINOINGS OF O			20. AUTOPSY?		
	EDICA	21A. ACCIDENT, SUICIDE, HOMICIOE (Specify)	21B. PLACE OF INJURY (e about home, farm, factory, street, office b		If in Baltimore City, giv	YES NO Pe exact location)		
	ME	21D. TIME (Month) (Day) (Year	(Hour)   21E. INJURY OCCU	IRRED 21F. HOW DIO INJUR	Y OCCUR?			
F INJURY  WHILE AT NOT WHILE AT WORK  TD. WHILE AT WORK								
22. I hereby certify that I attended the deceased from $4-15-$ , $195$ , to $4-17$ , $195$ , that I last sa deceased alive on $4-17$ , $195$ , and that death occurred at $5R$ m., from the causes and on the date stated of								
	deceased alive on 19 %, and that death occurred at 3 m., from the causes and on the date stated ab  23A. SIGNATURE  23B. ADDRESS  23C. OATE SIGN  23C. OATE SIGN							
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State 1)							
	DA	ATE RECEIVED BY REGISTRAR	's SIGNATURE,	HAVEN A	1. A. (o	ADDRESS		
	1	1PR 181952   Hunti	ngton Wallaces, M	Molall Some	glilon /	JK1()		
		VS 150	0 1 7		(/			

THE PROPERTY OF THE PROPERTY O 

5	42		Territorial de
	52 3713 BALTIMORE CITY H		3713
_	CERTIFICAT	TE OF DEATH Registered No.	
==	IRTH NO.		
	NAME OF DECEASED Type or Print)	2. DATE	
	SARA GUNNELL	DEATH APPIL	15, 1952
	. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	itution : residence before admission)
	FULL NAME OF "f not in hospital or institution, give street address of OSPITAL OR location		
	NSTITUTION	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give
	1349 N.Stricker St.	Baltimore /	O LOWINSHIP
7	13 yrs. Yrs.		
	ength of stay in Baltimore  Mos. Days	12/0 % (1	
5	. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		1   Year   If Under 24 Hours
	Female Colored WIDOWED, DIVORCED (Specify	1859 last birthday) Month	Days Hours Min.
1	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11.BIRTHPLACE (State or foreign country)   12.	CITIZEN OF
W 01	k done during root of working life, even if retired)  NOUSTR  NOUSTR  OWN House Work		WHAT COUNTRY
1	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	George Santes.	Ellen Whitney	
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 15. no or unknown (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDE	RESS
		Ellen Hackney 116 Mc. Ke	on fre
	18. 422.1 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		January Market
	(This does not mean the mode of dying, e. g.,	osclerotic cardiovascular disease	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		***************************************
5	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
RTIFICATION	(C)		***************************************
FIG			
F	OTHER SIGNIFICANT CONDITIONS CON-		
ш	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
Ü	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
J			vec V

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. INJURY OCCUR?

Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE

WORK AT WORK

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR....

24A. BURIAL, CREMA-TION, REMOVAL (Specify) NAME OF CEMETERY

DATE RECEIVED BY LOCAL REGISTRAR

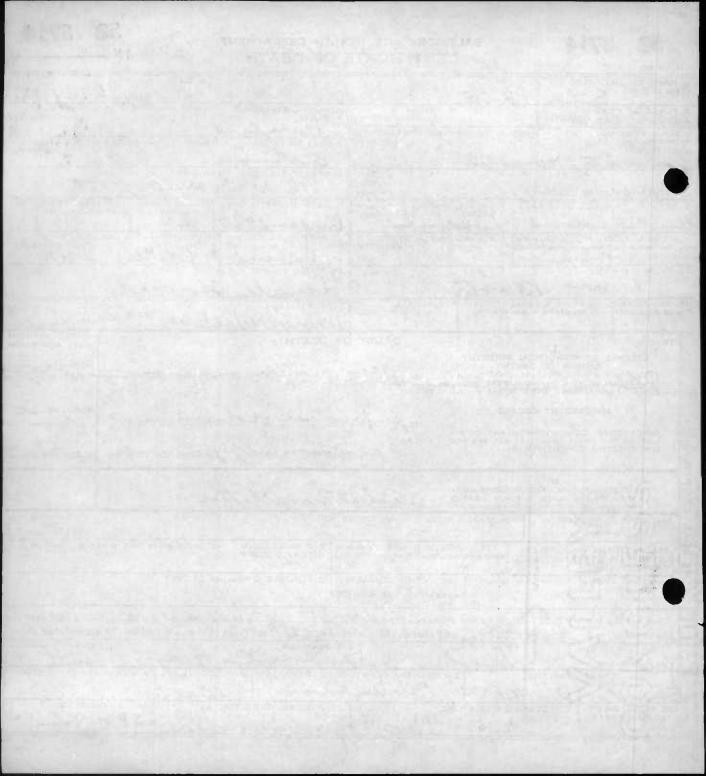
21F. HOW DID INJURY OCCUR?

. .

#### BALTIMORE CITY HEALTH DEPARTMENT

52 3714

Registered No .\_\_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) PRICE DEATH AN 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give township) aniversit - Homit D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 9. AGE (ln years li Under l Year li Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) 1. BIRTHPI 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTR WHAT COUNTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY 22. I hereby certify that I attended the deceased from 1952 to and 16, 1952 that I last saw the and that death occurred at 7:40 P.m., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 4D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR 24A. BURIAL, CREMA-ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR PR 1 8 1852 vs 150 untington



WORK

248. DATE

AT WORK

1952 to 19 . that I last saw the

22. I hereby certify that, I attended the deceased from. deceased alive on

16 19 Tand that death occurred at 3:10 cm., from the causes and on the date stated above. 23c. DATE SIGNED

23A SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or equity)

24 BURIAL, CHEMA-

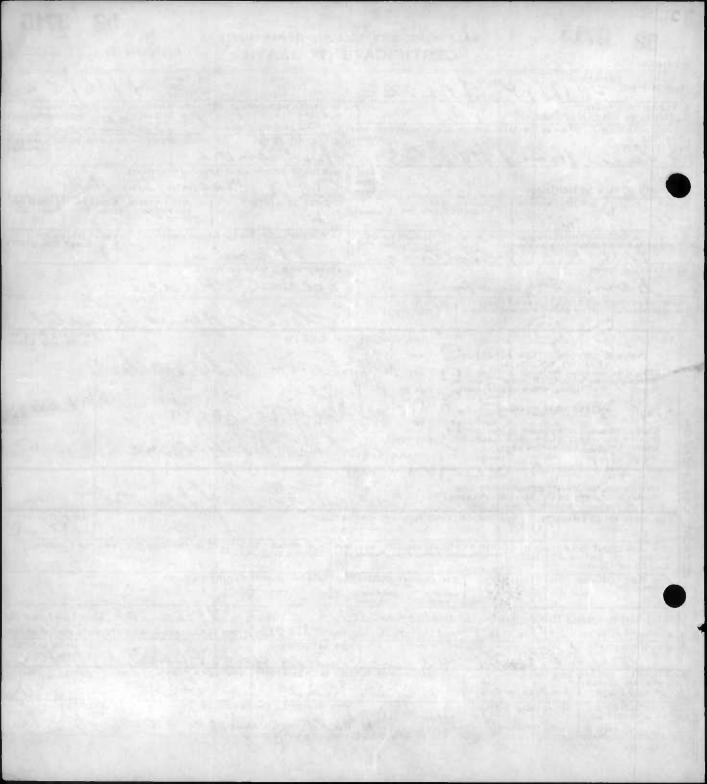
ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE unlington

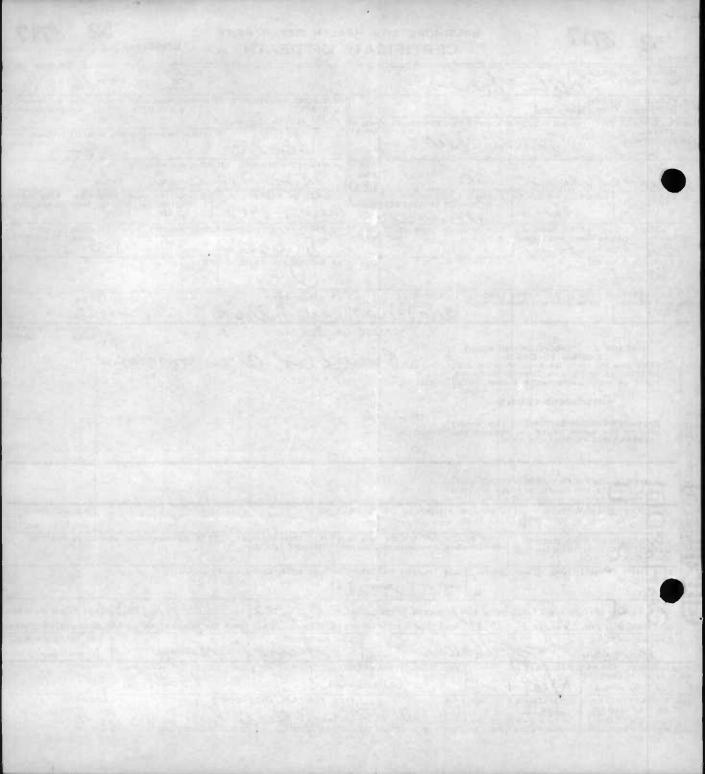
25. FUNERAL DIRECTOR

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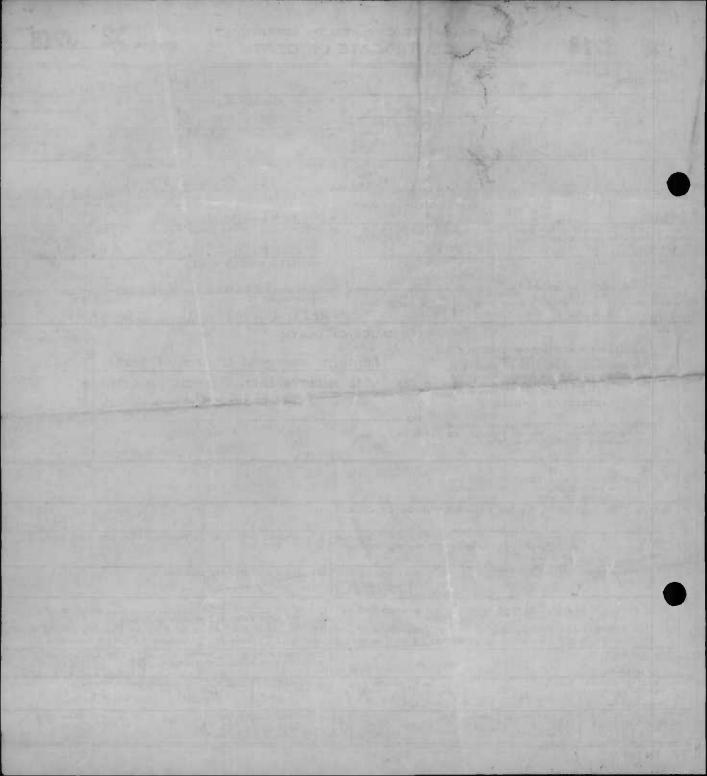
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	59	3716	ВА	LTIMORE CITY HE	EALTH DEPARTMENT		25	3716
ВІ	RTH NO.	0,1.0		CERTIFICATI	E OF DEATH	Registered	No	
	NAME OF	DECEASED DE	1110 -	11-1-	. 10 12 14	2. DATE OF	- 16-	10/5-
3.	PLACE OF		INA	MEITCH	4 4. USUAL RESIDENCE (	DEATH		
		e City, Marylan		tion, give street address or	A. STATE	B. COUNTY		efore admission)
H	SPITAL O	R	in notice	location)		f outside corporate lim	its, write I	
13	0	2002 W	est 10	the we	Halten	ore /	5-0	township)
		6 ' D 11'		Yrs.	D. STREET ADDRESS (II	frural, give location)	///	120
54	ngth o	f stay in Baltime		E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Yea	r   If Under 24 Hours
te	mal	e Whata	WIDOV	VED, DIVORCED (Specify)		last birthilay)		
10	A. USUAL	OCCUPATION (Give out of working life, even if)	kind of 10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign couptry)		IZEN OF
_	You	ie wif	e	INDUSTRY	Lusse	u_	WH WH	IAT COUNTRY?
13	FATHER'	S NAME			14. MOTHER'S MAIDEN N	IAME		W-1-1-1-
15	+WAS DECE	ASED EVER IN U.S.	ABMED CODDES	1.000000	Dryana			
(Ya	, no or onkno	wn) (If you, give war	or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	40	ADDRESS	
	18. 44	24		CAUSE	OF DEATH	te homan	Jao /	TOP ALLE
	77	EASE OR CONDIT	ION DIRECTLY	//	OF DEATH	4.		ET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							7
	injury	or complication w	It mcans the diseas hich caused death	i.) DUE TO	di	rease		
		ANTECEDENT	CAUSES		an	ense		
No.	DISEA	SES OR CONDITIO	NS, IF ANY, GIVIN	(B)	***************************************			***********
F		THE ABOVE CAUSE						
ERTIFICATION				(C)	***************************************			
Ē	OTHER	SIGNIFICANT C	ONDITIONS CO	4.				
G	TRIBUT	ING TO THE DEATH,	BUT NOT RELATE	D				
اد	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20	. AUTOPSY?
EDICA	21A ACC	CIDENT WAS UND	FP   218. PL/	ACE OF INJURY (e. g., ie	o or   21c. WHERE DID (	If in Baltimore City,	YE Sive exac	
	LYING	OR CONTRIBUTION		farm, factory, street, office bldg., e	INJURY OCCUR?	ar in Survinore Only,	g.ve exac	i iocacion)
Σ	21b. TIME	(Month) (Day)	(Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?		
			m.	WHILE AT NOT WHILE				
	22. I her	eby certify hat		deceased from		M 8 , 195	2 Fthat	I last saw the
	deceased	live on	0,1927	and that death occur	red at / m., from 1	the causes and on		
	1 X	alus !	T. Kav	W 1 M. D. /	844W.M	exave	4	7-62
	BURIAL REMOVAL		ATE	24 NAME OF CEMETE		OCATION (City tow	n, or count	y) (State)
de	wie	l 4-	20-02	16200	lale	Hatto	/	and
	CAL REGI		RAR'S SIGNATU	ALL MAD	25. FUNERAL DIRECTOR	7,-1	HODRE	SS RO
<b>-</b>	PR 18	1952 1	Tanglow 1	duant.	were reversely	le 21006	reus	WIX
	VS 150		0	//				

1844 Wylandle



1	423						
В	IRTH No.	3718		CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered	26. 3718
(1	Type or Prin	VA	LENTINE	G ALS'	ION	2. DATE OF DEATH AD	ril 16, 1952
A. B.	PLACE OF Baltimore FULL NAM OSPITAL O	e City, Maryland P	alto.	ion, give street address or	4. USUAL RESIDENCE (V A. STATE Maryland	Where deceased lived. B. COUNTY	If institution : residence before admission
11	STITUTION	Johns Hopki	ns Hosp		C. CITY OR TOWN (II  Baltimor  D. STREET ADDRESS (If	e 5-	its, write RURAL and give
	ength or	f stay in Baltimore	20 Yrs			eans Street	N. H. J S. V L. R. G A. B.
	Male	Colored OCCUPATION (Givekind of	Marr		ept-16-1918	33	II Under 1 Year  I Under 24 licuis  I Onths Days Hours Min.
wor	Che uf	ost of working life, even if retired) Fuer	Priv	of Business or INDUSTRY	11. BIRTHPLACE (State or for James town S	. C .	12. CITIZEN OF WHAT COUNTRY
	Rhyl	oigh uston	- FORGER		14. MOTHER'S MAIDEN N.  Virgini:		
(Ye	Yes	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	Jurline Austin		address t
ERTIFICATION	(This definition of the control of t	LEADING TO DEA' loes not mean the mode of illure, asthenia, etc. It mes or complication which of the complication which of the complication which of the ANTECEDENT CAUSES OR CONDITIONS, 10 THE ABOVE CAUSE (A) RLYING CONDITION LAST CONDITIONS TO THE DEATH, BUT	TH  of dying, e. g.  nns the diseas  zaused death  SES  F ANY, GIVIN  STATING TH  ST.  TIONS CON  NOT RELATE	(B)(C)(C)	ured aneurysm of massive intratho	***************************************	***************************************
O		OF OPERATION 1		FINDINGS OF OPERA	ATION		20. AUTOPSY?
MEDICAL	UNDERLY UTING	RNAL CAUSE WAS ING OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)	(Hour)	CE OF INJURY (e. g., in arm, factory, street, office bldg., et 21E. INJURY OCCURRE NOT WHILE AT WORK AT WORK	(c.) INJURY OCCUR?		give exact location)
	the e	death in my opinion	said Auto	psy, Inspection or In rom: <u>natural causes</u>	Autopsy, nquiry, find that said de   K, aceident □, suicide  23B. CHIEF MEDICAL □  ASSISTANT MEDICAL	Inspection or Inquiry eeeased died on t , homicide , EXAMINER	he day stated above undetermined $\square$ .  3c. DATE SIGNED
Y DI	A. BURIAL N. REMOVAL ATE RECEIV	(Specify) 1 - 18.	- JZ	Betto, Ro	D. MEDICAL INVESTIGAT RYCO CREMATORY 24D. LO 25 FUNERAL DIRECTOR		Appril 16, 1952 n. or county) (State)
L V	R 1819 S 151	152" Hunting	1	68284	wary week		ray [
		The second second					

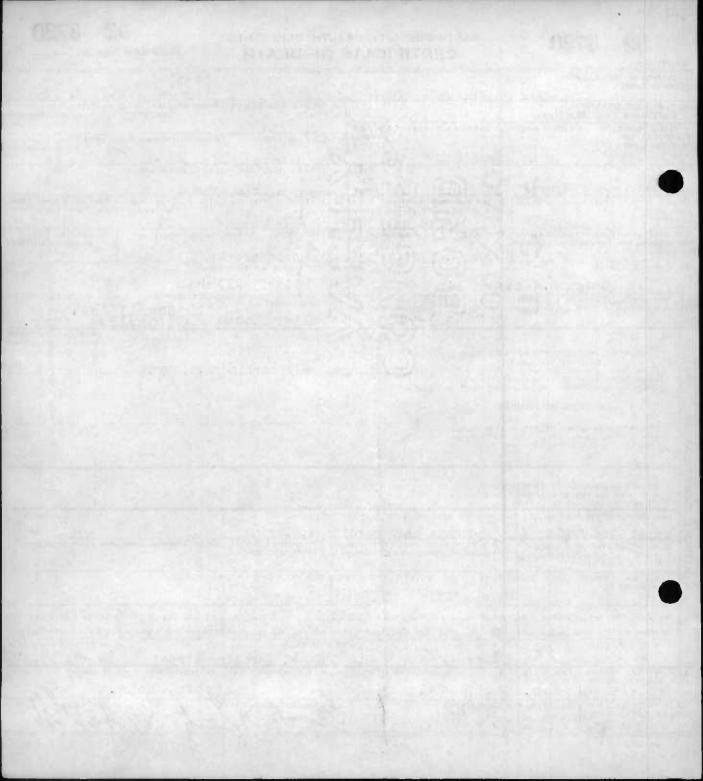
DATE RECEIVED BY LOCAL REGISTRAR APR 181952



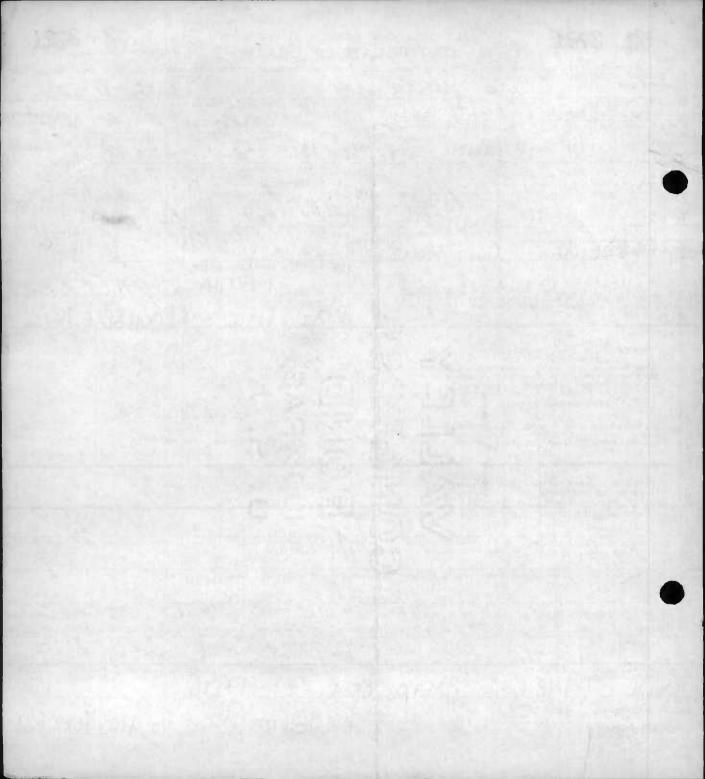
1	43		13.19						6702	100	, ,	
	52	3719	)				ALTH DEPA		Reg	5 istered No.		3719
	RTH NO.					10,112						
	Pe or Print	Z/F		AH A	9 00	EPI	LITZ	7	2. DATE OF DEATH	APR.	14	5/102
A		City, Ma	ryland				4. USUAL RE	SIDENCE (V		d lived. If ins		residence ore admission)
HO	FULL NAM SPITAL OF STITUTION	7			ion, give stree	location)	C. CITY OR TO	WW (II	outside corp	orate limits, v	write RU	RAL and give
1	MOU	NTA	VUR.	SING	HOM	IE Yrs.	BAL,	DRESS (If	rural, give lo	cation)	-/	Otownship)
		stay in B		78 yr	-	Mos. Days	3917 M	AINE	= AV	E		
5.	SEX MAI	6.COLO	R OR RACE	7. SUREL	MARRIED.	ED (Specify)	8. DATE OF B	1072	9. AGE (III		der i Year hs: Days	Hours Min.
10/			N (Give kind of c, wen if retired)			SS OR NDUSTRY	11. BIRTHPLA	E (State or fe	oreign countr	y) 12	2. CITIZ	EN OF
13.	FATHER'S	= WO	PK				SAL 14. MOTHER'S	JO /	M/D		0	3
L	SE	OHA	SER	PG-M	ANN		SARA	HH	AB	LE		
15. (Yee,	no or unknow	SED EVER I	N U. S. ARME	D FORCES?	16. SOCIAL SECUR	ITY NO.	17. INFORMAN	DEN	LAFE	MAN	NE	AIS
7	18. 42	0.0	770		1	CAUSE C	F DEATH	ENA	TOP-F	TAIL		VAL BETWEEN
	1	ASE OR C	ONDITION			1.		0			ONSE	,
		ocs not mean	G TO DEA	of dying, e. g		Coro	eary o	celus	eon		2	mu
			ia, etc. It mea tion which o				0					
7		ANTECE	DENT CAUS	SES		arter	eoseler	stre A	FALL	Ais.	3	1175
OF	RISE TO	THE ABOVE	DITIONS, I	STATING TH	IG							7
FICA	UNDER	LYING CO	NDITION LA	(ST.	(C)	ar	riose	Cer ou	0	•••••		0418
ERTIF			II ANT COND									
UE.	TO THE	OISEASE O	OEATH, BUT	CAUSING I	т							
AL	19a. DATE	OF OPERA	TIONO	9B. MAJOR	FINDINGS	OF OPERA	ATION				20. YES	ND D
IEDICAL	LYING	IDENT WA OR CONTR F DEATH	S UNDER-		CE OF INJU				If in Baltime	ore City, giv	e exact	location)
Σ.	D. TIME		(Day) (Year		21E. INJURY	OCCURRE	D 21F. HOW	DID INJUR	Y OCCUR?			
	22 1 5 000	ahar aantife	a dlad I ad	m.	deceased for	AT WORK L	Lug 1	050 +0	Shirl	151052	that I	last saw the
	deceased	alive on_	sprie!	1, 1957	and that de	ath occur		m., from t	he causes	and on the	date s	tated above.
	23A. SIGN	IATURE	Tone	2HC	hen	M. D. 23	6 To 7	Park 1	Heigh	to Ave	230. 0	17/52
24 TIO	A. BURIAL	(Specify)	4B. DATE		24C. NAME D	FCEMETER	Y OR CREMATO	DRY 240. L	OCATION (	City, town, or	county)	(State)
BA	TE RECEIV	VED BY	GISTRAR	SSIGNATU	SALI	OHE	25. FUNERAL	DIRECTOR	-AIR,	AM.	DDRES	570
A	PR 18	1952	Hunting	ton W	Miacus.	Mary	Fruit TE	mac	tin 1	202 &	16	place
	VS 150		0	g age.	No.	Lapar Transport						

LIPAGRAF B. DESPETT C BUT OF MICH. STATE NAMES SOLLTO The British British Co. Land Co. Co. THE STANDARD OF CHANGE TOWNS BUILDING WHEN SERENDAN 

-247				-
50	3720 BALTIMORE CITY HE	ALTH DEPARTMENT	52	3720
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
1. NAME OF			2. DATE	
(Type or Print)	McLaughlin, James Francis		DEATH April	
3. PLACE OF A. Baltimore	DEATH: City, Maryland	4. USUAL RESIDENCE (WI	here deceased lived. If ins B. COUNTY	titution: residence before admission)
B. FULL NAME	OF (If not in hospital or institution, give street address or	Maryland c. CITY OR TOWN (If o	outside corporate limits, v	rite RURAL and give
INSTITUTION	St. Joseph's Hospital	Baltimore #14	27-	o 3 township)
	Yrs.	D. STREET ADDRESS (If r	ural, give location)	
	stay in Baltimore 13 years Mos.	5103 Arabia Av		
5. SEX	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Month	er 1 Year If Under 24 Hours as Days Hours Min.
Male 10A. USUAL O	White Single CCUPATION (Give kind of   10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	67 reign country)   12	CITIZEN OF
ork done during mos	tof working life, even if retired) INDUSTRY			WHAT COUNTRY?
13. FATHER'S	NAME OF ER AIRPLANES(M)	Massachusetts 14. MOTHER'S MAIDEN NA	ME	
	John J. McLaughlin	Ellen Calls	ahan	
	SED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  SECURITY NO.	17. INFORMANT	115 Lowelf A	RESS VC •
1	044-01-7450	Walter Hood	New tonvill	HINTERVAL BETWEEN
(This do heart fai injury o	ASE OR CONDITION DIRECTLY LEADING TO DEATH es not mean the mode of dying, e. g., lure, asthenia, etc. It means the disease, r complication which caused death.)  ANTECEDENT CAUSES  ES OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING THE LYING CONDITION LAST.  (C)	ous cell carcinoma	a, larynx	
OTHER TRIBUTIN	SIGNIFICANT CONDITIONS CON- NG TO THE DEATH, BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
	OF OPERATION 198. MAJOR FINDINGS OF OPER			YES NO X
2 ÎA. ACCI	3rd & 15th Squamous cell care DENT WAS UNDER. OR CONTRIBUTING   about home, farm, factory, etreet, office bldg.,	n or 21c. WHERE DID (If	f in Baltimore City, give	
21D, TIME	(Month) (Day) (Year) (Hour)   21E. INJURY OCCURR		OCCUR?	
	m. WHILE AT NOT WHILE			
22. I here	by certify that I attended the deceased from Api	il 2 , 1952, to Ap	ril 17 , 19 52	that I last saw the
deceased 23A. SIGN	alive on April 17, 19, 52, and that death occur	rred at 7:502 m., from the 23B. ADDRESS		date stated above. 23c. DATE SIGNED
1 4	muando Saacedra M.O.	1400 N. Caroline	Street	April 17, 15
24A. BURTAL. TION, REMOVAL	(Specify)		OCATION (City, town, or	county) (State)
Buris		2 FUNERAL DIRECTOR	yton, Mass.	DRESS
LOCAL REGIS	TED BY REGISTRAR'S SIGNATURE  1959 Huntington Wallaurs My	Than It le	ech 814 X	36 XX
VS 150	1903-	3718	1	
	6/03/		V	



T420	
52 3721 BALTIMORE CITY HEALTH DEPARTMENT	52 3721
BIRTH NO. CERTIFICATE OF DEATH Registered	No.
1. NAME OF DECEASED Clara WALLACE 2. DATE OF DEATH 4.	16.52
3. PLACE OF DEATH:  A. Baltimore City, Maryland Baltimore (Where deceased lived.  A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or	9-05
institution lary land general Hognital 3213 Priesly St#	nits, write RURAL and give / P township)
ngth of stay in Baltimore  Yrs.  Mos.  Days	4-1
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years)	If Under   Year   II Under 24 Hours
pourie DIVORCED 4804, 1669 82	Menths Days Hours Min.
MOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NOB. KIND OF BUSINESS OR INDUSTRY  NOBE WIFE  OWN HOME	WHAT COUNTRY
13. FATHER'S NAME	. 1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	KABA
(Yes no or unknown) (If yes, give war in dates of service) SECURITY NO. R. RVING HALL 334 FOUT	ABLE BLOG
18. 421.0 1 CAUSE OF DEATH	INTERVAL BETWEEN
This does not mean the mode of dying, e.g., (A) Lynostatic pneumonia	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES H 19 7 - (	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO  MINDER YING CONDITION (A) STATI	
A GINDERETHING CONDITION EAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	20.;AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21b. PLACE OF INJURY (e. g., in pr about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?  (If in Baltimore City INJURY OCCUR?)	, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 4. 10., 19.52, to 4.16., 19.	52, that I last saw the
deceased alive on 4.6., 1952, and that death occurred at \$1512.m., from the causes and on 23A. SIGNATURE	the date stated above.
lac-Jen Lee M.D. Maryland general Hospita	d 7.16.52
24a. BURIAL, CREMA 24B BATE 24C. NAME OF CEMETERY ON CREMATORY 24D. LOCATION (City, town RING) A-18-1952 BALTO. CEM	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
APR 1 8 1952 Tuntington Villiams, M.W. H.W. ENKINS & SORIS Co. 40	105 YORK KD
11 Vs 158	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED ALSO Buchwalo 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE before admission) B. COUNTY A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN JOHNS HOPKINS HOSPITAL township) o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH last birthday) Months; Days Hours; Min. married . BIRTHPLACE (State or foreign country) 12. CITIZEN OF IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY? work done during most of working life, even if retired) Derglar 13. WATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17, INFORMANT ADDRESS SECURITY NO 3-10-1059 INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT 4-16 22. I hereby certify that I attended the deceased from 4 -195 that I last saw the deceased alive on 4-16, 19 5 and that death occurred at 11.35 m., from the causes and on the date stated above. 23c. DATE SIGNED 23B. ADDRESS 23A, SIGNATORE 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) di-25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE

VS 150

LOCAL REGISTRAR

625 51

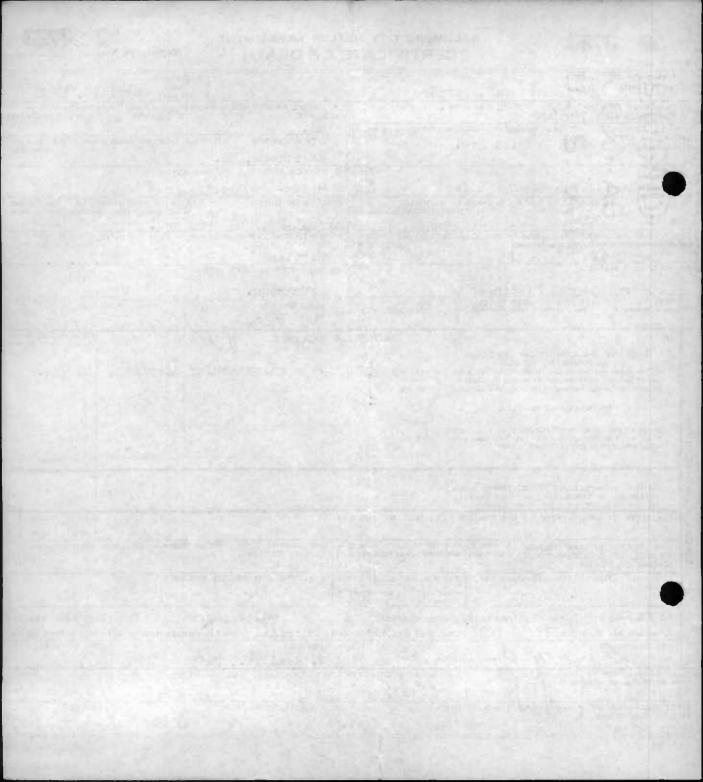
2. Vettialles

ADDRESS

52	3723
UKU	0140

VS 150

	52	3723			ALTH DEPARTMENT		2 3723
В	IRTH NO.			CERTIFICATI	E OF DEATH	Registered ?	No
T)	NAME OF D 'ype or Print)	Mary Eleano	raRippe	erger		2. DATE OF DEATH Apri	1 16, 1952
3. A.	PLACE OF D Baltimore (	EATH: 4000 Woo City, Maryland	dlea A	70 ·	4. USUAL RESIDENCE (	Where deceased lived. If	institution: residence before admission)
H	FULL NAME	OF (If not in hospital 4000 Woodl		ion, give street address or location)	C. CITY OR TOWN	If outside corporate limi	ts, write RURAL and give
0	STITUTION	4000 110001	ea Ave		Baltimore, Md	')	-0 / township)
c	ngth of s	tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (I	f rural, give location)	
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year   H Under 24 Hours
F	emale	White	Wide		August 26.1862	last birthday) M	onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	House			INDUSTRI	Maryland		U. S. A.
13	FATHER'S	IAME			14. MOTHER'S MAIDEN	NAME	V. S. R.
	Georg	e Conrad Zitt	inger		. aUnknown.ora		
(Ye	No or naknown)	D EVER IN U. S. ARMED (11 yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17, INFORMANT	1. Ripperso	DDRESS 2809
CERTIFICATION	(This does heart failu Injury or DISEASES RISE TO TUNDERLY OTHER STRIBUTING TO THE DI	E OR CONDITION I LEADING TO DEAT not mean the mode or, asthenia, etc. It mean complication which complication which complication which complication which complication complication complication complication leading to the death, but it is case or condition is	H f dying, e. g ns the disease aused death.  ES FANY, GIVIN STATING TH ST.  TIONS CON NOT RELATE CAUSING IT	(A) Hyperte	nsive cardiovasc	Ular disease	INTERVAL BETWEEN ONSET AND DEATH  10 yrs
SAL			JB. MAJON	THOMAS OF OTER	ATION		YES NO 2
MEDICAL	21A. ACCID LYING☐ OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, fo	CE OF INJURY (e. g., in nrm, factory, street, office bldg., e	tor 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
-	21D. TIME (	Month) (Day) (Year)		21E. INJURY OCCURRE WORK NOT WHILE AT WORK	ED 21F. HOW DID INJUR	RY OCCUR?	
		y certify that I atte			, 1947, to	April , 195	2, that I last saw the
	deceased al	ive on April 10	, 19.52 . 6	and that death occur	red at 8:21Am., from	the causes and on t	he date stated above.
	23A, SIGNAT	1 1/	Proceed	D 4 A. ()	3B. ADDRESS Ol W. Read St.,	Balto. 1.Md.	4/16/52
24 TIC	N. REMOVAL (S	REMA- 24B. DATE			RY OR CREMATORY 24D.	LOCATION (City, town	or county) (State)
7	=) wrea	4191	52	Daller	nare X	Jalo	Mol
D/	ATE RECEIVED	BY REGISTRANTS	SIGNATU	RE / 11 = 1	25. FUNERAL DIRECTOR		ADDRESS
	PR 1 8 18		nelon 1	Yellaus Me	X X Kuck	5305	Harford A



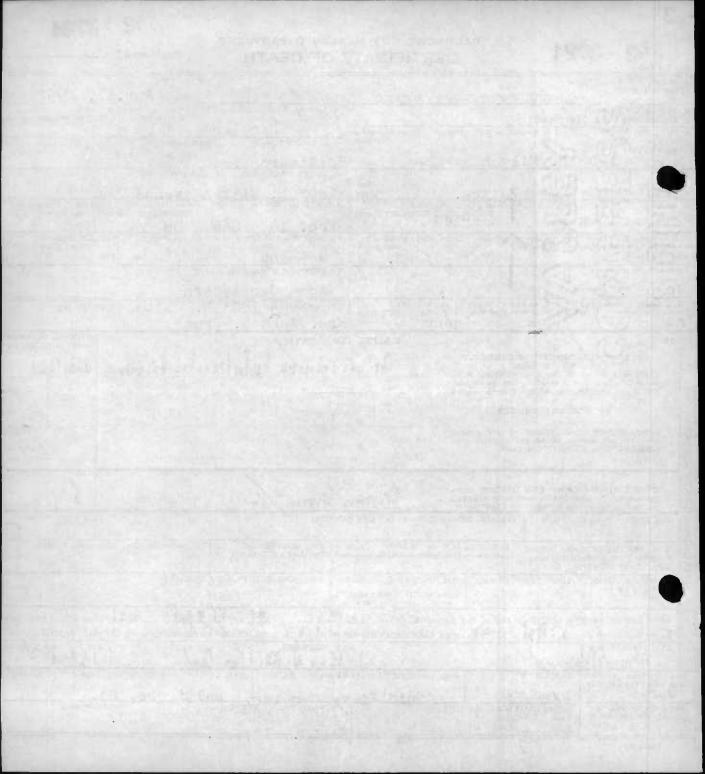
#### BALTIMORE CITY HEALTH DEPARTMENT

52 3724 BIRTH NO.

CERTIFICATE OF DEATH

Registered No .\_\_

1. NAM (Type o						
	ME OF DE		FREDERICK PRUSS		OF DEATH Apr. 17	7, 1952
	CE OF DE		HADENTOR PROSS	4. USUAL RESIDENCE (W.		
B. FULL	L NAME C		tal or institution, give street address	or Marylan	d.	
	TAL OR UTION	000 11 111	location	C. CITT ON TOWN	outside corporate limits, w	vrite RURAL and give township)
0.4	1	803 N. Mil	Lton Avenue	Baltimore  B. STREET ADDRESS (If r	ural give location)	
- Kom	orth of st	ay in Baltimore 7	Mo	s.		
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Und	der 1 Year   If Under 24 Hours
Ma	le	whire	Married (Spec	Feb: 14. 1864	88	hs Days Hours Min.
		UPATION (Givekind of working life, even if retired)		11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
Cl	erk		State of Md.	Germany		SA
13. FAT	THER'S N	AME		14. MOTHER'S MAIDEN NA	ME	
	n P.			Anna Carsten		
Yes, no o	r unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT 1803		<b>Venue</b>
no	1 - 6	,	none	Mrs. Anna E. P	russ	INTERVAL BETWEEN
18,	7000	2 State of S		E OF DEATH		ONSET AND DEATH
		E OR CONDITION LEADING TO DEA	TH U.Y.	mischnow lawling	salm linean	Undelte
1	heart failur	not mean the mode of e, asthenia, etc. It mea complication which of	ans the disease,			
		ANTECEDENT CAUS	SES			
Z .	DISEASES	OR CONDITIONS, 1	(B)			
F	RISE TO TH	HE ABOVE CAUSE (A)	STATING THE DUE TO			
5	ONDERLI	ing condition is	(C)		***************************************	
		11				/
	TRIBUTING	GNIFICANT CONDI	NOT RELATED DIVIN	nu from hom		5 W
	TRIBUTING	GNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED DIVIN	PERATION HA		20. AUTOPSY?
	TRIBUTING	GNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED ONN			YES NO
19A 19A 21. LY	TRIBUTING TO THE DIS A. DATE OF	GNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION   1	NOT RELATED  CAUSING IT.  19B. MAJOR FINDINGS OF OF  21B. PLACE OF INJURY (e.	g., in or   21c. WHERE DID (I	f in Baltimore City, give	YES NO
19A 19A 21, LY CA	A. ACCIDE ING OR	GNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION   1	21B. PLACE OF INJURY (e. about home, farm, factory, street, office bl	g., in or 21c. WHERE DID (I)		YES NO
19A 19A 21, LY CA	A. ACCIDE	GNIFICANT CONDITION TO THE DEATH, BUT TO THE DEATH, BUT TO THE PROPERTY OF T	21B. PLACE OF INJURY (e. about home, farm, factory, street, office bl	g., in or 21c. WHERE DID (Injury occur?  RRED 21f. HOW DID INjury		YES NO
19A 19A 21A LY CA	A. ACCIDE A. ACC	GNIFICANT CONDITION TO THE DEATH, BUT TO THE DEATH, BUT TO SEASE OR CONDITION O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21B. PLACE OF INJURY (e. about home, farm, factory, street, office bloom) (Hour) 21E. INJURY OCCU  WHILE AT NOT WH AT WORK	g., in or 21c. WHERE DID (Injury occur?  RRED 21f. HOW DID INjury	occur?	YES NO
19A 19A 21. LY CA	A. ACCIDE A. ACC	GNIFICANT CONDITION TO THE DEATH, BUT TO THE DEATH, BUT TEATH OF THE CONDITION OF THE CONTRIBUTING DEATH  Month) (Day) (Year of the Contribution o	21B. PLACE OF INJURY (e. about home, farm, factory, street, office bit) (Hour)   21E. INJURY OCCU	g., in or 21c. WHERE DID (Injury OCCUR?  RRED 21f. HOW DID INJURY OCCUR?  11.E 191, to 1  curred at 1, from the	occur?  1911, the causes and on the	ves No Le exact location)  that I last saw the date stated above.
19A 19A 21LY CA 22L	A. ACCIDE A. ACCIDE ING OR  OR  OF THE DISTRIBUTION  A. ACCIDE ING OR	GNIFICANT CONDITION TO THE DEATH, BUT TO THE DEATH, BUT TEATH OF THE CONDITION OF THE CONTRIBUTING DEATH  Month) (Day) (Year of the Contribution o	21B. PLACE OF INJURY (e. about home, farm, factory, street, office blee) (Hour)  21E. INJURY OCCU  WHILE AT NOT WH WORK  tended the deceased from  1917, and that death occurrence.	g., in or 21c. WHERE DID (I. dg., etc.) INJURY OCCUR?  RRED 21f. HOW DID INJURY	occur?  1911, the causes and on the	YES NO De exact location)
19A 21.1 19A	A. ACCIDE  A. ACCIDE  ING OR  OTHER  A. ACCIDE  ING OR  A. ACCIDE  ING OR  A. ACCIDE  A. ACCIDE  ING OR  A. ACCIDE  A. ACCIDE  ING OR  A. ACCIDE  ACCIDE  A. ACCIDE  AC	GNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION OF OPERATION OF THE CONTRIBUTING DEATH  Month) (Day) (Year or	21B. PLACE OF INJURY (e. about home, farm, factory, street, office bleep) (Hour) 21E. INJURY OCCU  WHILE AT NOT WHAT WORK AT WO  tended the deceased from 1917, and that death oc	g., in or 21c. WHERE DID (Injury OCCUR?  RRED 21f. HOW DID INJURY 191, to 1  curred at	occur, 1911, in causes and on the	that I last saw the date stated above.
19A 19A 21. LY CA 22. dec 23.	A. ACCIDE ING OR	GNIFICANT CONDITION TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH, BUT SEASE OR CONDITION F OPERATION  ENT WAS UNDER- CONTRIBUTING DEATH Month) (Day) (Year  OF THE DEATH  WE CONTRIBUTING  OF THE DEATH  OF THE DEATH  RENA- D	21B. PLACE OF INJURY (e. about home, farm, factory, street, office bloom of the deceased from, 19 11, and that death oc, and that death oc, 24c. NAME OF CEME	g., in or 21c. WHERE DID (Injury OCCUR?  RRED 21f. HOW DID INJURY 191, to 191, to 23b. ADDRESS  TERY OR CREMATORY 24b. LC	ne causes and on the	that I last saw the date stated above.  23c. DATE SIGNED county) (State)
19AU 21AU CA	A. ACCIDE ING OR OF ENDING OR O	GNIFICANT CONDITION TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH  ENT WAS UNDER- CONTRIBUTING DEATH  Month) (Day) (Year  OF CONTRIBUTING DEATH  Month) (Day) (Year  OF CONTRIBUTING DEATH  MONTH) (Day) (Year  OF CONTRIBUTING DEATH  MONTH (DAY)	21B. PLACE OF INJURY (e. about home, farm, factory, street, office bloom of the deceased from, 19 11, and that death oc, and that death oc, 24c. NAME OF CEME	g., in or 21c. WHERE DID (Injury OCCUR?  RRED 21f. HOW DID INJURY  LEE 194, to 1  23b. ADDRESS  LETERY OR CREMATORY 24D. LO	ne causes and on the Ocation (City, town, or	that I last saw the date stated above.  23c. DATE SIGNED county) (State)
19AU 21AU CA	A. ACCIDE ING OR	GNIFICANT CONDITION TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH  ENT WAS UNDER- CONTRIBUTING DEATH  Month) (Day) (Year  OF CONTRIBUTING DEATH  Month) (Day) (Year  OF CONTRIBUTING DEATH  MONTH) (Day) (Year  OF CONTRIBUTING DEATH  MONTH (Day) (Year  OF CONTRIBUTING DEATH  MONTH (Day) (Year  OF CONTRIBUTING  OF CONTRIBUTING	21B. PLACE OF INJURY (e. about home, farm, factory, street, office bloom of the deceased from tended the deceased from and that death oc 24c. NAME OF CEME	g., in or 21c. WHERE DID (Injury OCCUR?  RRED 21f. HOW DID INJURY  LEE 194, to 1  23b. ADDRESS  LETERY OR CREMATORY 24D. LO	ne causes and on the DCATION (City, town, or	that I last saw the date stated above.
19A 19A 21A LY CA 22A dec 23A 24A TIQN, R DU DATE LOCAL	A. ACCIDE ING OR OF ENDING OR O	GNIFICANT CONDITION TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH  ENT WAS UNDER- CONTRIBUTING DEATH  Month) (Day) (Year  OF CONTRIBUTING DEATH  Month) (Day) (Year  OF CONTRIBUTING DEATH  MONTH) (Day) (Year  OF CONTRIBUTING DEATH  MONTH (DAY)	21B. PLACE OF INJURY (e. about home, farm, factory, street, office bloom of the deceased from tended the deceased from and that death oc 24c. NAME OF CEME	g., in or 21c. WHERE DID (Injury OCCUR?  RRED 21f. HOW DID INJURY  LEE 194, to 1  23b. ADDRESS  LETERY OR CREMATORY 24D. LO	ne causes and on the Ocation (City, town, or	that I last saw the date stated above.

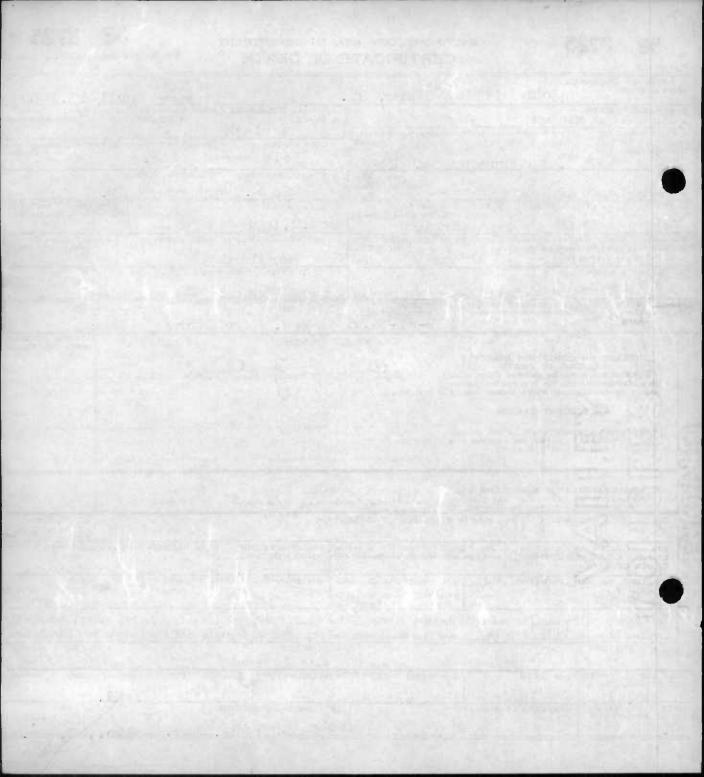


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52	3725
IDTH NO	

#### BALTIMORE CITY HEALTH DEPARTMENT

52	3725
114	0160

BI	RTH NO.	0120		CERTIFICATI	E OF DEATH	Registered N	Vo
1.	NAME OF D					2. DATE OF	
			Millia	am Sturm, Sr		DEATH ADP	11 17,1952
	Baltimore (	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence hefore admission)
	FULL NAME	OF (If not in hospit	al or institut	tion, give street address or	Marylamd		
	STITUTION			location)			s, write RURAL and give township)
0		223 E. Mont	gomer		Baltimore	22-6	1,
				Yrs. Mos.	D. STREET ADDRESS (If		
		tay in Baltimore		Days		ntgomery St	t.
5.	SEX	6.COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   Il last birthday)   Mo	Under 1 Year   If Under 24 Hours onths: Days   Hours   Min.
	Male	White		arried	Oct.2,1883	68	
		CUPATION (Give kind of of working life, even if retired)	10B. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	Storek		Gr	ocery	Maryland		
13	FATHER'S	NAME		(12)	14. MOTHER'S MAIDEN NA	AME	
		Charles E.	Sturm		Catherine	e Kaltenbac	eh .
15 (Ya	. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
,	No	(1.00)		219-01-6135	Mrs. Mary S	Sturm Se	ame
	18. / 5	1			OF DEATH	JUAN DE	JINTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	^			ONSET AND DEATH
	(This does	LEADING TO DEAT	H f dving e	" Con	in of stom	-1	
	heart failu	ire, asthenia, etc. It mea	ns the diseas	ie,			· ••••••••••••••••••••••••••••••••••••
	injury or	complication which c	aused deatr	a.) DUE TO	U		
		ANTECEDENT CAUS	ES				
O	DISEASES	S OR CONDITIONS, II	ANY, GIVIN	(B)	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ē	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO			
Ü				(C)			
ERTIFICATION		11	1 1 1 1 1				
2	OTHER S	SIGNIFICANT CONDI	TIONS CON	Y: 0 T.	enti Hent	1	
S		ISEASE OR CONDITION		T. CALLES	world 11/mil		
L	19A. DATE C	OF OPERATION   1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
A							YES NO
MEDICAL		R CONTRIBUTING DEATH		ACE OF INJURY (c. g., ir farm,factory,street,office bldg.,e	21c. WHERE DID (I. INJURY OCCUR?	f in Baltimore City, g	give exact location)
2	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	INSORT		m.	WHILE AT NOT WHILE			
	22. I harah	y certify that I att		7	12/ , 195 +to	1/17/ 1051	that I last saw the
	deceased a	live on Y/16/19	<i>≥</i> 10	and that death occur	red at 1 A. m., from th	he agrees and on the	e, that I tust saw the
	23A, SIGNA	TURE	., 10	2	3B. ADDRESS		23c. DATE SIGNED
	/	f. P. Tru	dem	M. D.	1319 Lives	24.	1/18/50
2.	4A. BURIAL,	CREMA- 24B. DATE		240 NAME OF CEMETE	RY OR CREMATORY 240. LC	OCATION (City, town,	or county) (State)
1110	Buria		52	New Cathedr	Pa Pa	ltimore. Ma	a
	ATE RECEIVE	D BY   REGISTRAR			25. FUNERAL DIRECTOR		ADDRESS
L	DD 1 Q 10	52 Huntin	ita 1	1/11: 20	99 9	715	Light St.
开	EV 1 0 13	JZ Tanker	The state of	Eller May	John B. Denny,	Inc. Balt	0.,30, Md.
	VS 150		0	2906	A		
				0 100			



0	7-0 52 3	2726			EALTH DEPARTMENT	Registered No.	2 3726
	RTH NO.			CERTIFICATI	E OF DEATH	Registered No.	
(T;	NAME OF D 'ype or Print)			Walter Brook	ts	2. DATE OF DEATH APPI	1 15, 1952
Α.	Baltimore (	City, Maryland	al or instituti	on, give street address or	4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	titution : residence before admiss
HC	OSPITAL OR ISTITUTION	1422 McC		location)		outside corporate limits, w	- 1
		stay in Baltimore		? Yrs. Mos. Days	D. STREET ADDRESS (If r 1422 McCulloh	St.	
5.	SEX	6. COLOR OR RACE		. MARRIED, ED, DIVORCED (Specify)	12/18/1885		by Year II Under 24 Days Hours I
10 work	A. USUAL OC done during most	CUPATION (Give kind of of working the over if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Calvert Co. M		WHAT COUNT
13	3. FATHER'S		n Brooks	s .Blog	14. MOTHER'S MAIDEN NA	ME	
15 (Yes	s, no or unknown)	SED EVER IN U.S. ARMEI (If you, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. 212-14-2636	17. INFORMANT Sylverta Broo	ks 1422 McCul	RESS Lloh St.
	18. 44	3 X I	DIDECTIV	CAUSE	OF DEATH		INTERVAL BETW
	(This does heart failt	LEADING TO DEAT s not mean the mode of ure, asthenia, etc. It mea complication which of	TH of dying, e. g. ns the disease	•, (A) e,	bal Accident	***************************************	Marchll 1952
Z	ANTECEDENT CAUSES H.C.				V.D		?
CATIC	RISE TO T	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	(C)			
CERTIFICATION	TRIBUTING	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE!	D			
DICAL (	19A. DATE O		9B. MAJOR	FINDINGS OF OPER	RATION		YES NO
2		DENT WAS UNDER-			in or 21c. WHERE DID (If	f in Baltimore City, give	exact location)

21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

23 ADDRESS 844 N.Carey St.Balt.Md.

Balto. Md.

24D. LOCATION (City, town, or county)

11.1952, to Apr. 15, 1952, that I last saw the and that death occurred at 9 A. m., from the causes and on the date stated above.

23c. DATE SIGNED +/17/52

ADDRESS

deceased alive on Apr. 15 234. SIGNATURE

REGISTRAR'S SIGNATURE

24B. DATE

4/18/52

22. I hereby certify that I attended the deceased from March

CAUSE OF DEATH

ZAA BURIAL CREMA

DATE RECEIVED BY

P. TIME (Month) (Day) (Year) (Hour)

24C. NAME OF CEMETERY OR CREMATORY Mt Auburn

> 25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.

APR 1 8 105 VS 150

WORK

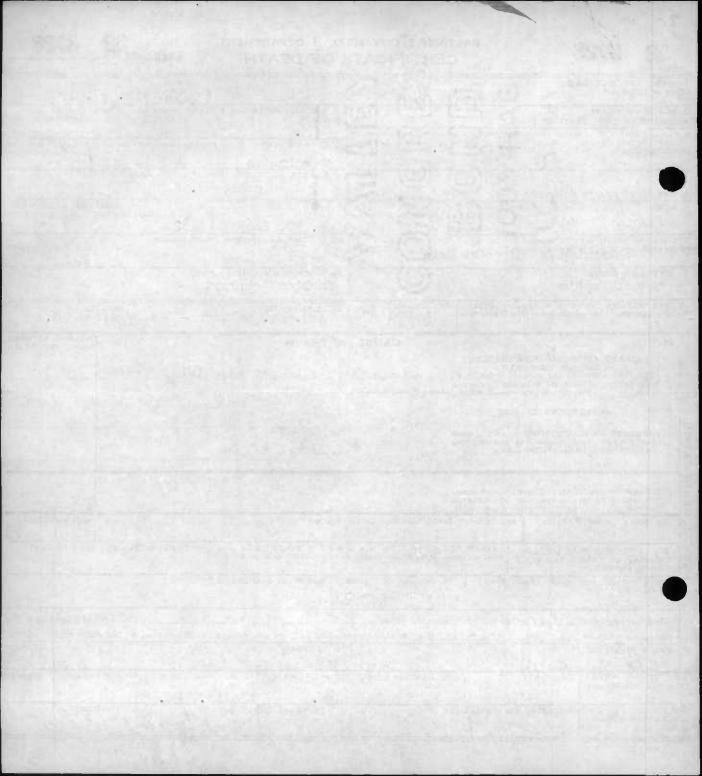
2.42 4.5 . But the County of the County All and Paperlan Section 1. Section 1

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased A. STATE B. COL ved. If institution : residence B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS Yrs. (If rural, give Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF Il Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) Ast birthday) Months; Days Hours; Min. 10A, USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY none 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give wer or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from deceased alive on\_ and that death occurred at. m. from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOYAL (Specify) 25. FUNERAL OIRECTOR DATE RECEIVED BY ADDRESS LOCAL REGISTRAR

VS 150

An Blake 1603 n. Carolinet

52 3728 CERTIFICAT	E OF DEATH Registered No.					
1. NAME OF DECEASED (Type or Print)  DORA AUGUSTA BROWN	2. DATE OF Apr. 17, 1952					
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
s. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR INSTITUTION 201 Edgevale Rd.	c. CITY OR TOWN (If outside corporate limits, write RUISAL and give township)					
Yrs.  C. Length of stay in Baltimore  47  Mos.  Dees	D. STREET ADDRESS (If rural, give location)  201 Edgevale Rd.					
female white Widowed	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year   If Under 24 Hours					
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) at home INDUSTR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF					
13. FATHER'S NAME August Depkin	14. MOTHER'S MAIDEN NAME Pauline Lehnhart					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Weltner - 201 Edgevale Rd.					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  CONDITION LAST.  (C)						
TO THE DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?					
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg						
YD. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR.  INJURY WHILE AT NOT WHILE AT WORK AT WORK	E					
22. I hereby certify that I attended the deceased from						
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET 110N, REMOVAL (Specify) Burial 4/19/52 Loudon Par	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  HDD 1810E0 HT. t. to Williams MR	20 FUNERAL DIRECTOR ADDRESS					
Vs 150	( Batto 17, Md.					

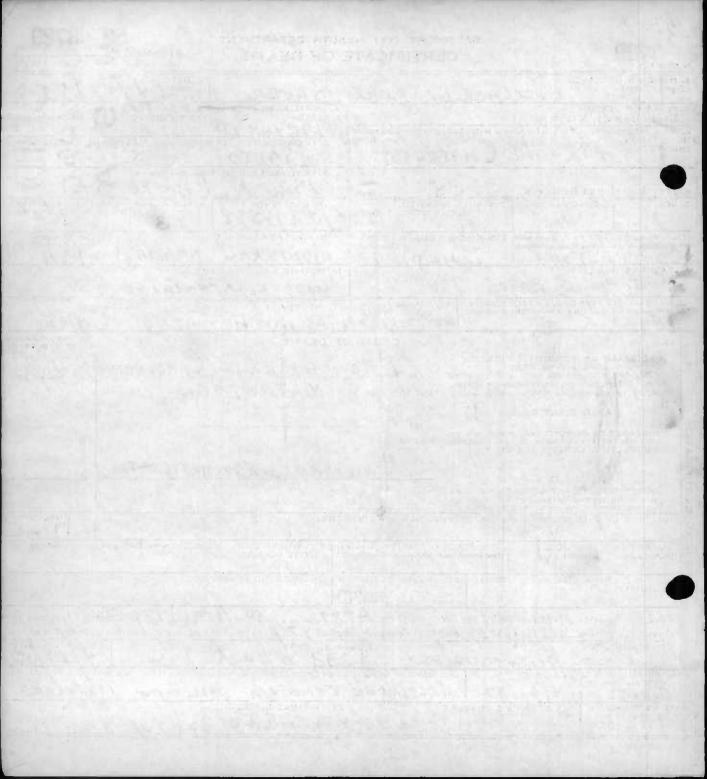


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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3729 Registered No.

BIRTH NO.	2 0. 22			
1. NAME OF DECEASED WALLACE LAWRENCE				
S. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased fived. If institution: residence  A. STATE  B. COUNTY  before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RUAL and give			
INSTITUTION 1826 N. CHAPEL ST.	BALTO 8-05 township)			
c. Length of stay in Baltimore 38	1826 N. CHAPEL ST.			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	S. DATE OF BIRTH  9. AGE (In years   fi Under 17 Hours   Min.    12. 2   1898   9. AGE (In years   fi Under 17 Hours   Min.    5. DATE OF BIRTH  9. AGE (In years   fi Under 17 Hours   Min.    5. DATE OF BIRTH  9. AGE (In years   fi Under 17 Hours   Min.    15. DATE OF BIRTH  9. AGE (In years   fi Under 17 Hours   Min.    15. DATE OF BIRTH			
10A. USUAL OCCUPATION (Give kind of or or or door of dooeduring most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	MONTREAL CANADA USA			
JOHN O. BATES	FLORENCE LAFONTAINE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, oo or uokoown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ROTES AME			
	OF DEATH INTERVAL BETWEEN			
This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A)  DIPONCHOGENIC CARCINOMA  C METASTASIS				
ANTECEDENT CAUSES				
O DISEASES OR CONDITIONS, IF ANY, GIVING				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	D			
LE (c) A	DIAC DECOMPENSATION.			
OTHER SIGNIFICANT CONDITIONS CON- H TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	AATION 20, AUTOPSY? YES NO			
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	n or   21c. WHERE DID (If in Baltimore City, give exact location)			
210, TIME (Month) (Day) (Year) (Hour)   216, INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?			
FINJURY MHILE AT WORK NOT WHILE AT WORK				
22. I hereby certify that I attended the deceased from A	PRIL 1959 to APRIL 17, 1953 that I last saw the			
deceased alive on APRIL 171952, and that death occur	rrea at 1 2 m., from the causes and on the date stated above.			
Jenny J. Houska M. D.	238. ADDRESS & ast fue. 23c. DATE SIGNED 4/17/52			
244. BURIAL, CREMA 247. DATE 24C. NAME OF CEMETE				
BURIAL 4/31/52 BALTIMORE DATE RECEIVED BY REGISTRAR'S SIGNATURE	CEMETERY BALTIMORE, MARYLAND 25. FUNERAL DIRECTOR ADDRESS			
APR 181952 Huntington Williams, Mg.	Nm. Cool, Inc., J.24 > ST. PAUL ST.			
VS 150				
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300 CERTIFICATE CORRE		
BALTIMORE CITY H	7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3730
BIRTH NO.	E OF DEATH Registered No	,
1. NAME OF DECEASED Comma V. You	V. 2. DATE OF DEATH	/18/1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased live). If in	nstitution: residence hefore admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)		terregrees
INSTITUTION Mercy Hospital	Baltimore &	write RURAL and give township
c. Length of stay in Baltimore Left Yrs. Mos. Days	D. STREET ADDRESS (If talkal, give location)	le ave
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify		nder i Yasr ill Under 24 Hours the Days Hours Min.
10A. USUA). OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME N. Tranguett	14. MOTHER'S MAIDENNAME Conard	2
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, pio or nnknown) (If yes, give war or dates of service) SECURITY NO.	10100	DRESS
	Louis C. Fort, 5510 Kury	undale Clas
	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	come & Partial otribu	12 ?
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Probably in	or about cecum	
injury or complication which caused death.)	0	
ANTECEDENT CAUSES	V neumanilis.	6 dyo
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	1 0 0 0 1 1 1 1	
UNDERLYING CONDITION LAST, (C)	exalyed albellation	*****
L .		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSYA
O TO		YES NO
218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		ve exact location)
P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS	RED 21F. HOW DID INJURY OCCUR?	
D). WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from	195, to apr 18, 195,	that I last saw the
deceased alive on apt 17, 1954, and that death occu	erred at 5:30 Am., from the causes and on the	
Otavano 9. Care XV	23B. ADDRESS	230 DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY ON CREMITTORY   240/ LOCATION (City, town, o	r county) (State)
Busial 4/21/52 Loudon &	ach Ballimore,	maryland
DATE RECEIVED BY REGISTRAR'S SIGNATURE		ADDRES
APR 181089 Tuntington Villatur, 1975	Am. Gook, Mc., 1217 f	5. Paul &
VS 150		

See Document File 52-3730 5/1/52 ES

Registered No. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF THE THIP A DE DO TER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 1105 N. GILMOR STREET township) BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1105 N. GILMOR ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years) If Under I Year last birthday) Months Days WIDOWED, DIVORCED (Specify) Hours: Min. 7/15/1897 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. HARRY ROT INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING

CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 112/5/18 deceased alive on L

., and that death occurred at. 238. ADDRESS

24c. NAME OF CEMETERY OR CREMATORY

G4 COOPER-512 CAPROLLTON worker

25. FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

to\_

19\_\_\_, that I last saw the

ADDRESS

236. DATE SIGNED

. m. from the causes and on the date stated above.

24p. bOCATION (City, town, or county)

23A SIGNATURE

24A. BURJAL, CREMA-24B. DATE

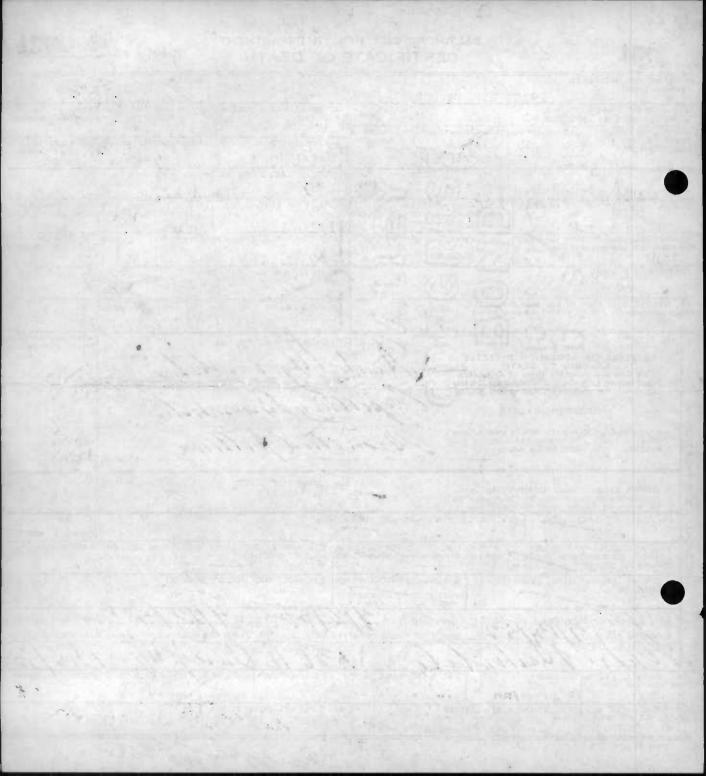
TION, REMOVAL (Specify)

190/59

DATE RECEIVED BY REGISTRAR'S SIGNATURE

8 195 VS 150

LOCAL REGISTRAR



# 1600

## MURRAY

2	S/32 CERTIFICAT	E OF DEATH	Registered No. 2 3732
_	RTH NO.		
	NAME OF DECEASED  Appelor Print) LOTT/E MURR		ATE OF 4 / 16 /5%
3, A.	PLACE OF DEATH: Baltimore City, Maryland	1 /4 1	eceased lived. If institution: residence B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address of location stitution of the street address of location stitution of the street address of location stitution of the street address of location of location of location of location of location of location of lo		corporate limits write turay and give
1/2	D 4000 Kam Day	alt in	(ownship)
C	Hength of stay in Baltimore  Yrs.  Mos. Baty	1 5.3 61 .24	ive location)
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	8 DATE OF BIRTH 4 9. AC	GE (In years
10	A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR INDUSTR	il. BIRTHPLACE (State or foreign c	ountry)   12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USA
	Samuel Cooper	Cho lotte	Cooper
15 (Ye	, was deceased ever in U.S. ARMED FORCES? 10 SOCIAL SECURITY NO.	17. INFORMANT Willeam W	erra 423 Watant
	18. 442X CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	rome Mysear &	lita 3 pers
	heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)	dest enos	
-	ANTECEDENT CAUSES	neophrele	
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
H	(C)		
ERTI	OTHER SIGNIFICANT CONDITIONS CON-		
Ų	TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19a. DATE OF OPERATION 0 19b. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY? YES NO
EDICAL	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g. about home, farm, factory, street, office bldg		altimore City, give exact location)
Σ	D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUR		UR?
	m. WORK AT WORK		
	22. I hereby certify that I attended the deceased from deceased alive on 4 15, 195%, and that death occ	195 to 4	that I last saw the uses and on the date stated above.
	23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
	M.D.	EDV OF CREMATORY SAFE LOCATION	11010
TI	Dunal (Specify)  14/90/52  24c. NAME OF CEMENT OF COME	ERY OR CREMATORY 24D. LOCATION	on (City, town, or equity) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
A	R 181952 Junhington Victionia, A	July 1 1000	
	VS 150	10800 morilge	Druly St

mt Calway The state of the s the law in the world the world

200	
ro orgo	E OF DEATH Registered No. 3733
1. NAME OF DECEASED (Type or Print)	2. DATE OF OF DEATH OF 17.1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased live of institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of location INSTITUTION JOHNS HOPKINS HOSPITAL	
Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 4809E. Stamulton Out.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years) If Under I Year   If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL	Eliz. Stenglein
(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS SOHNS HOPKINS HOSPITAL
CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	of DEATH  Cardiel Ofaction  Some
ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	ilets Dellites
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location) industrial industrial (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY  MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	- 16 , 1952, to 4-17 , 1952 that I last saw the
	rred at 5.30 km., from the causes and on the date stated above.  23B. ADDRESS  JOHNS HOPKING HOSPITAL  23C. DATE SIGNED
24A. BURIAL. CREMA- 24B. DATE TION, REMOVAL (Specify)  Burial 4/19/3-2  Verusalen	ERY OR CREMATORY 24D. LOCATION (City, town, or tounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  APP 1 2 1052 Tuesturytons Williams With	25. FUNERAL DIRECTOR Lassahu Thural Han 1401 Belain

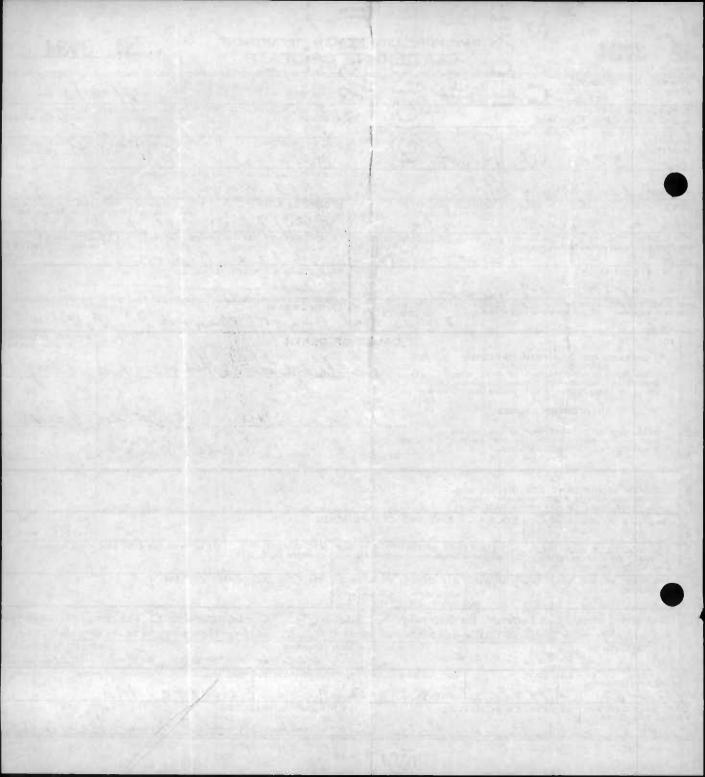
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55	3734
PIDTU	NO

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3734

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) Walter J. Mager	2. DATE OF 4/16/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before dimission)		
B. FULL NAME OF (If not in hospital or institution, give street address or	Md. 206		
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate imits write RURAL and give township)		
3813 Walnut Are	D. STREET ADDRESS (If rural, give location)		
ength of stay in Baltimore //f Moss.  Days	38/3 Walnut Are.		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speelfy)	8. DATE OF BIRTH  9. AGE (In years   11 Under 1 Year   11 Under 24 Hours   last birthday)   Months! Days   Hours   Min.		
Male White Single	4/23/78 73		
10A. USUAL OCCUPATION (Givekindef 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
Clerk Grocery Store	Balto. Md.		
13. FATHER'S NAME Soles	14. MOTHER'S MAIDEN NAME		
Charles Magers			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 15. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT 3 PADDRESS Walnut		
NO 215-03-574	Frank Magers Ave.		
18. /5/X CAUSE	OF DEATH		
DISEASE OR CONDITION DIRECTLY	1 - 1 - 11		
(This does not mean the mode of dying, e.g., (A) Weetle Gkelvie Hunches Iday			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO			
ANTECEDENT CAUSES	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
(в) С. С.	runned Island Thos		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	1 1 1 1 1 4 4		
UNDERLYING CONDITION LAST.	1 Kules ases lo live		
OTHER SIGNIFICANT CONDITIONS CON-			
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?		
<u> </u>	YES NO		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location)		
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?		
TNJURY  WHILE AT NOT WHILE  MORK AT WORK			
A	Cens, 1952 to Cekie / J. 195 that I last saw the		
deceased alive on Office 18 1952 and that death ofen			
	23B. ADDRESS 23C. DATE SIGNED		
Start 8 recen M.D.	11. Oceale, Can 4/16/52		
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)		
Burial 4/19/52 Lundon Pe	Ert Balto, Md.		
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS		
APR 181952 H. t. ton Williams MI	Lasselm Finnes Home Belair Rd.		
VS 150	1 0 0		



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BIKTH NO.	2 <sub>BIRTH</sub> 3735

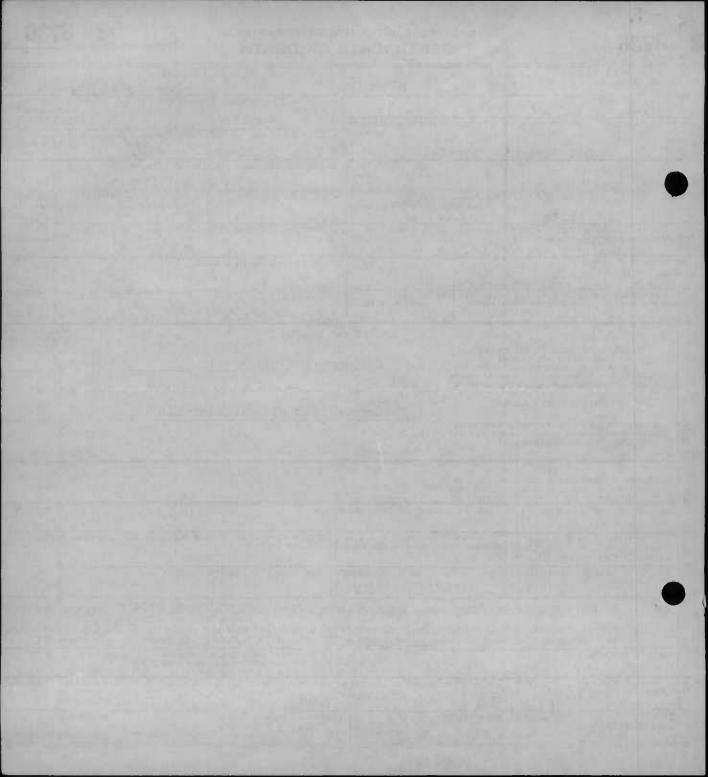
Registered No. 3735

BIRTH NO.						
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH Mand 141952					
3. PLACE OF DEATH:  A. Baltimore City, Maryland Balto. City	4. USUAL RESIDENCE (Where deceased lived if institution residence  A. STATE  B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or	md.					
INSTITUTION OHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, will RIRAL and give township)					
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
c. Agth of stay in Baltimore 40 Yrs. Days	1227 E. Jexuntant.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE In year If Under 1 Year If Under 24 Hours last birthday Months Days Hours Min.					
10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR	4 - 15 - 98   53					
ork done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?					
Laborer In General	Richmond Virginia U.S.A.  14. MOTHER'S MAIDEN NAME					
James Henry Lyles  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Anna Lyles					
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
	OF DEATH INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
(This does not mean the mode of dying, e.g.,	cordial inforction I was					
heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES	to: all .					
Z (B)	porces to					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST, (C)						
	0 > 44					
OTHER SIGNIFICANT CONDITIONS CON-	& Marillina					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	oco say paula					
198. MAJOR FINDINGS OF OPER	ATION 20. AUTO SY?					
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c						
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?					
m. WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 2-19, 1952 to 4-14, 1952, that I last						
	3B. ADDRESS 23c. DATE SIGNED					
Mooner Atourta Millians. D.						
24A. BURIAL, CREMA- 24B. DATE 110N, REMOVAL (Specify) 4/30/3050						
Burial 4/19/1952   Western Sta						
DATE RECEIVED BY REGISTRAR'S SIGNATURE APR 18 1952 Huntington Wolfields, M.	Elioy & Class Irv Brendy W					
VS 150						
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	330
1	BIRTH NO.

## CERTIFICATE OF DEATH Registered No. Registered No. BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.					
	NAME OF DECEASED Type or Print)		2. DATE OF			
	JUHN Joseph BEAUDET		DEATH APPLL	18, 1952		
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Whe	ere deceased lived, If in B. COUNTY	stitution : residence before admission)		
В.	FULL NAME OF of not in hospital or institution, give street address of			1		
	OSPITAL OR location	c. CITY OR TOWN (If our	tside corporate limits,	write RURAL and give township)		
	St. Joseph's Hospital	Baltimore	0	O Cownship)		
	Yrs. Mos.	D. STREET ADDRESS (If rur	al, give location)			
-	ength of stay in Baltimore Days		thel Street			
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		last birthday) Mont	nder i Year   ii Under 24 Hours ths: Days   Hours: Min.		
	Male   White   married	Jan. 8 - 1891	61			
#or	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR k dope during most of working life, even if retired)	1. BIRTHPLACE (State or forei	gn country) 1	2. CITIZEN OF WHAT COUNTRY		
	Carpenter Local Union 101	Eleveland	Ohio	WHAT COUNTRY		
13	B. FATHER'S NAME CONST.	14. MOTHER'S MAIDEN MAM	E			
	Thomas Degudeh	Victoria ?				
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL  16. no or unknown)   (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT	/ / ADI	DRESS		
(	SECORITY NO.	Mrs. Edith	m. Den	udet Same		
	18. 420.1 , CAUSE	OF DEATH	- 1 10 22	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY	O. BEATH		ONSET AND DEATH		
	LEADING TO DEATH	nary occlusion				
	heart failure, asthenia, etc. It means the disease,	***************************************		**** **********************************		
	injury or complication which caused death.) XXXXXX					
	ANTECEDENT CAUSES Generalized arteriosclerosis					
Z	DISEASES OR CONDITIONS, IF ANY, GIVING			****		
ĭ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
A	(C)		***************************************			
ERTIFICATION	II					
RT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
CE	19a, DATE OF OPERATION   19b, MAJOR FINDINGS OF OPE	PATION		20, AUTOPSY?		
	198, MAJOR PINDINGS OF OFE	TATION .		YES NO X		
EDICAL	21A. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (6.8.	in or   21c. WHERE DID (If in	n Baltimore City, giv			
Ö	UNDERLYING OR CONTRIB. about bome, farm, factory, street, office bldg. UTING CAUSE OF DEATH.	etc.) INJURY OCCUR?				
ME	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURF	ED 21F. HOW DID INJURY O	CCUR?			
۲	OF INJURY WHILE AT NOT WHILE					
L	m.   work   AT WORK	Themeetics	n & Inquing			
	22. I certify that I took charge of the remains described	Autopsy, Inst	pection or Inquiry	•		
	the evidence obtained by said Autopsy, Inspection or	Inquiry, find that said dece	ased died on the	day stated above,		
	and death in my opinion resulted from: natural cause	238. CHIEF MEDICAL EXA				
	11/2/2011	ASSISTANT MEDICAL EXA	AMINER	il 18. 1952		
24	AA BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE	I.D. MEDICAL INVESTIGATOR	ADION (City, town, or			
Tic	ON REMOVAL (Specify)	1-100	Soft -	nel		
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	necro /	DDRESSA		
LC	DCAL_REGISTRAP	8 A Dal	F2 - 1	1 1 0		
_	HEN 10 1975 AND MALITAGE OF IT	A KNICK	2305/	tarford		
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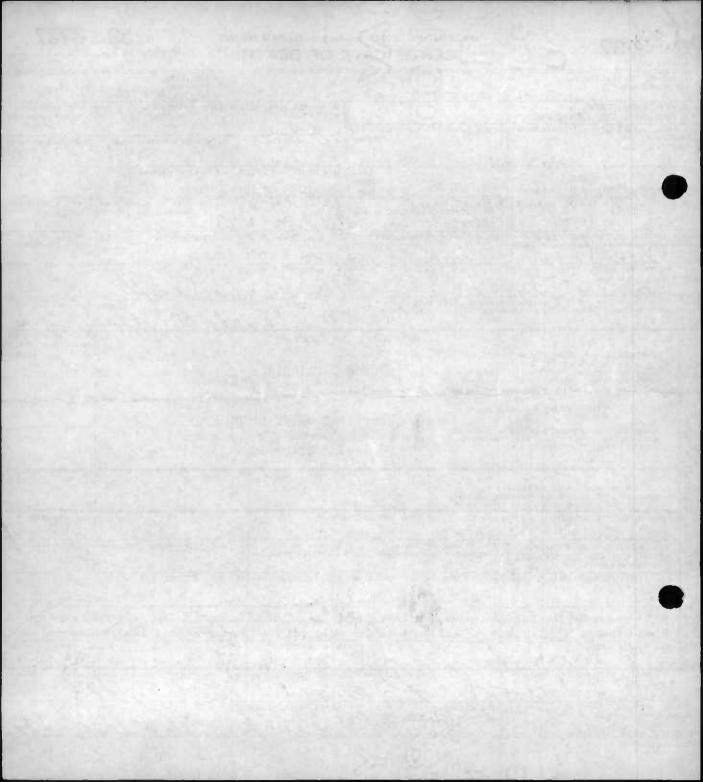


300	
BIRTH NO.	
1. NAME OF DECI (Type or Print)	
3. PLACE OF DEAT	i

### BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH ASED 2. DATE Shade. John Aurandt DEATH April 18, 1952 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits) write RURAL and give INSTITUTION St. Joseph's Hospital Raltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore 3703 Louise Avenue 3 years Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | Winder | Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. ILLA. 30 - 18 Male Whi te Married 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done flyring most of work flag life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER NAME St. Mary's County Retired 14. MOTHER'S MAIDEN NAME Const. mo. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS INFORMANT (Yes, no or unknown) SECURITY NO 0.3 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Acute Peritonitis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Perforation of cecum RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Volvulus of cecum (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL Volvulus of cecum YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK , 1952 to April 18 , 19 52 that I last saw the 22. I hereby certify that I attended the deceased from April 16 deceased alive on April 18 19 52, and that death occurred at 7:552m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 11:00 N Caroline 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 248. DATE 24C. NAME OF CEMETERY OF CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE!! **FUNERAL-DIRECTOR** ADDRÉSS LOCAL REGISTRAR

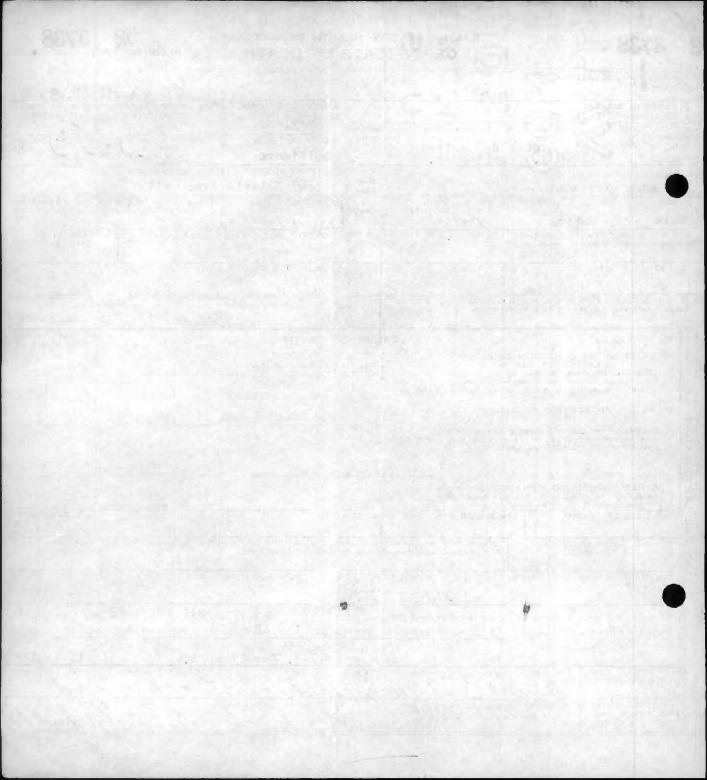
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2	3738
В	IRTH NO.

52 3738

01	RTH NO.			CERTIFICA	TE OF DEATH	Registered	180
		ECEASED				2. DATE	
(T	1. NAME OF DECEASED (Type or Print) Louis Rallo					OF .	-13 3 d 30 C
-	PLACE OF D		ra Kerii	0	4. USUAL RESIDENCE (		ril 18,1912
		City, Maryland			A. STATE	B. COUNTY	before admission)
В.	FULL NAME		al or institut	ion, give street address	Maryland		<b>C</b>
	HOSPITAL OR INSTITUTION St. To seph & Hospital			c. CITY OR TOWN	If outside corporate lim	ts, write RURAL and give	
114	HI.	1400 N. C.	roline	DI CWI	Baltimore	41	( township)
	11	2 100 11. 00	1101.1110	Yrs	D. STREET ADDRESS (I	f rural, give location)	
	made of a	Ann in Daltiman		Mos		Ave. #14	
-	SEX	tay in Baltimore	7 CINCLI	· Day	MB. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
		O. COLOR ON RACE	WIDOW	ED, DIVORCED (Special			onths Days Hours Min.
	ale	White		ried	Jan. 19-1881	65	
		CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
		uranter		INDUSTR	U Italy		WHAT COUNTRY
13	~		P	Rof.	N4. MOTHER'S MAIDEN	NAMES	1
	VI	Ir all		Col		12/10	
-	posm	allo			Debliene	1 ellag	rene
(Ye	, was DECEASI	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	J. INFORMANT	-t. Di	ADDRESS
1	1			520011111101	Vmas Aller	elsure Mai	la-same
u	10 000	1 >		CALICE	OF DEATH	7,7	INTERVAL BETWEEN
	18. 204	1.1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA		2/200	7		
	(This does	s not mean the mode	of dying, e.	g., (A)	loid Leukemia		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	43 (5) (120 (4) (3) (4) (3) (4) (4) (4) (4) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6						
7	ANTECEDENT CAUSES						
ó	DISEASES OR CONDITIONS, IF ANY, GIVING						* *****
E	RISE TO T	THE ABOVE CAUSE (A)	STATING T				
S	UNDERL	YING CONDITION L	451.				
RTIFICATION	M-10000			(C)			
1	OTHER	II SIGNIFICANT COND	TIONS CO				
ш	TRIBUTING	G TO THE DEATH, BUT	NOT RELAT	ED.			
U		DISEASE OR CONDITION			PATION		20. AUTOPSY?
4	ISA. DATE C	OF OPERATION	9B. MAJOR	FINDINGS OF OP	ERATION		[ ]
U	04- 100-0		1 01- DI	ACT OF INDUSTRY /	t 1 216 WHERE DID	(If in Baltimore City,	
EDICAL	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g farm, factory, street, office bld.		(II in Daitimore Orty,	give exact location)
ME	- P. C.						
2		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJU	RY OCCUR?	
H	F INJURY			WHILE AT NOT WHI			
В			m.	WORK AT WOR		4	2
	22. I hereb	y eertify that I att	ended the		pril 14 , 19 52 to	April 18 , 19	2, that I last saw the
	deceased a	live on April 18	5, 19.52	and that death occ	urred at 5:30 AM, from	the causes and on	the date stated above
	23A. SIGNA	TURE V	P. 11	1	23B. ADDRESS		23c. DATE SIGNED
		C. Vairl	Coffai	1 A. M.D.	1400 N. Carolin	e St.	April 18,1052
	AA. BURIAL.		1111	240 NAME OF CEME	PRY OR CREMATORY 24D.	LOCATION (City, town	n, or county) (State)
TI	ON REMOVAL (S	11/9//	52	7/11/	office de al	Dalh	Ind
-	ATÉ RECEIVE			IREL. II	25. EUNERAL DIRECTOR	2	A/DIORESSA
	OCAL REGIST		Lundon	WIII.	1-80	521-	Wall of
	APR 18	1957	1	" Coodsold -	1 Kluck	1000	rungora 14
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	E OF DEATH  Registered No. 2 3739
1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH:  3. PLACE OF DEATH:	2. DATE OF DEATH  4. USUAL RESIDENCE (Where deceased lived If institution residence B. COUNTY  before admission)
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write-RURAL and give township)
c. Bength of stay in Baltimore 36 yrs. Mos. Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	830 Hampson St.  8. DATE OF BIRTH 1. AGE (1n years If Under 1 Year III Under 24 House
WIDOWED, DIVORCED (Specification of 10B. KIND OF BUSINESS OR INDUSTRESS OF INDUSTRESS	11-5-97 54 / 12. CITIZEN OF
13. FATHER'S NAME William Hill	14. MOTHER'S MAIDEN NAME  Transparia annu Estep
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  18. Luz X CAUSE	17. INFORMANTS HOPKINS HOSPITAL ADDRESS  OF DEATH  INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	enting annym Jante entensie Cardinarula Diene
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	YES NO L
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bld CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour) INJURY  WHILE AT WORK  NOT WHILE AT WORK  AT WORK	RRED 21F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from deceased alive on 4-15, 1952, and that death occurrence of the second sec	23B. ADDRESS HOWN, from the causes and on the date stated above 23B. ADDRESS HOWN, HOSPITAL 23C. DATE SIGNED 4-16-52  TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S LOCAL REGISTRAR'S SIGNATURE  VS 150	25. FUNERAL DIRECTOR ADDRESS  25. FUNERAL DIRECTOR  ADDRESS  ANDRESS  ANDRESS  ANDRESS  ANDRESS  ANDRESS  ANDRESS  ANDRESS  ADDRESS
	0,10,0,00

-0	00
2	3740

# BALTIMORE CITY HEALTH DEPARTMENT 59 3740

0/3	O		CERTIFICATI	E OF DEATH	Registered	I'N6	1/40
BIRTH NO.							
1. NAME OF (Type or Print		R SHAW			OF AP	ril 17,	1952
3. PLACE OF		J. D. L.		4. USUAL RESIDENCE (W	DEATH	If institution	
	E OF US Public H	al or institut	ion, give street address or	New Jersey	V-	27	,
INSTITUTION	Hospic	al			outside corporate lir	mits, write RU	RAL and give township)
wyman ]	Pk. Drive & 31	st Stre	Yrs.	Pennsgrove			
	stay in Baltimore	? 36 da	ys Mos. Days	E. Delavue			
5. SEX	6. COLOR OR RACE	WODDW	E, MARRIED, ZED, DIVORCED (Specify) TIED	1/21/91	9. AGE (In years last birthday)	If Under 1 Year Months Days	Hours: Min.
work done during mo	OCCUPATION (Give kind of opt of working life, even if retired)	U.S. J	of Business or Ingineern costss etired	11. BIRTHPLACE (State or fo	reign country)	12. CITIZ	EN OF COUNTRY?
None		10	002100	14. MOTHER'S MAIDEN NA	ME	004	
	oseph Shaw		A TOWN	Mariah Daniels			
15. WAS DECE	ASED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
Yes	WW I - USA	- O. So. (100)	169-20-1581	Records- US PHS	Hospital,	Balto, M	Id.
18. 20	0.1		CAUSE	OF DEATH		INTERV	AL BETWEEN
DISE	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LYMPHOSARCOMA, generalized						
heart fa	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO						yrs.
	ANTECEDENT CAUSES						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
0	(C)						
	11						
TRIBUTI	TRIBUTING TO THE DEATH, BUT NOT RELATED						
J 19A, DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		1	AUTOPSY?
21A. ACC	IDENT WAS UNDER-		CE OF INJURY (e. g., in		f in Baltimore City	yes t	
- LIMO	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
21D. TIME	(Month) (Day) (Year)	`	2 1E. INJURY OCCURRE		OCCUR?		
	m. WHILE AT NOT WHILE AT WORK						
22. I hereby certify that I attended the deceased from Mar. 12, 1952, to Apr. 17, 1952, the deceased alive on Apr. 12, 1952, and that death occurred at 3 A m., from the causes and on the do							ast saw the
deceased 23A. SIGN		19 52			re causes and on		
	trick, Medica	Parte	1 ( 1.1 )	US PHS Hospital,	Balto, Md.	4/17	7/52
24A. BURIAL	CREMA- 248 DATE			RY OR CREMATORY 240. L		vn, or county)	(State)
Burida	Upril 22	1802	Naclso N	Paven Um 71	Moya	21/1.	X.
DATE RECEIV	STRAR L	1 1	RE	25. FUNERAL DIRECTOR	3 8	SADDRES	11
APR 18	1952 Tuntin	glow V	Eliamo May	IN MILLER MILLE	Ward 3991	1. sahs	ore It
VS 150			50.00				
			3757	/			

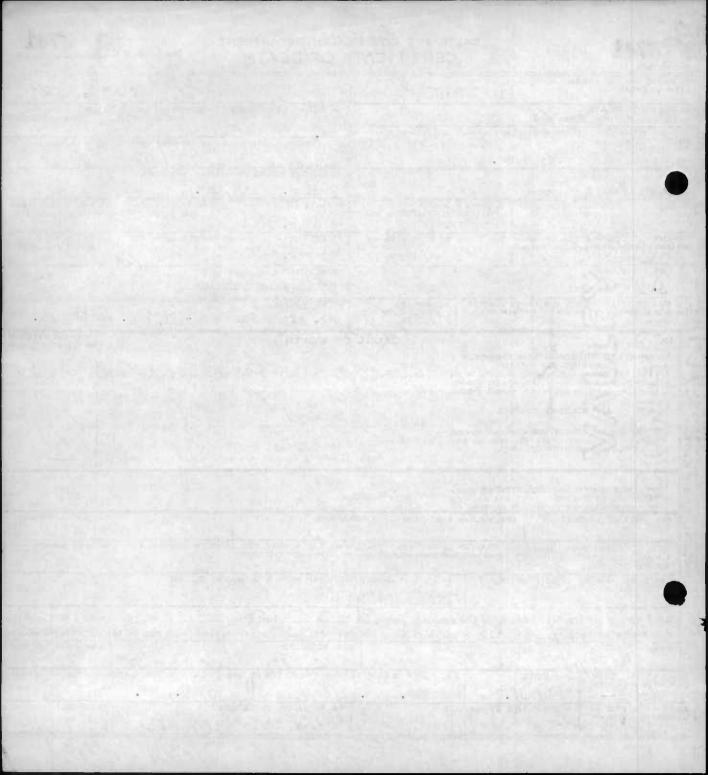
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### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 3741

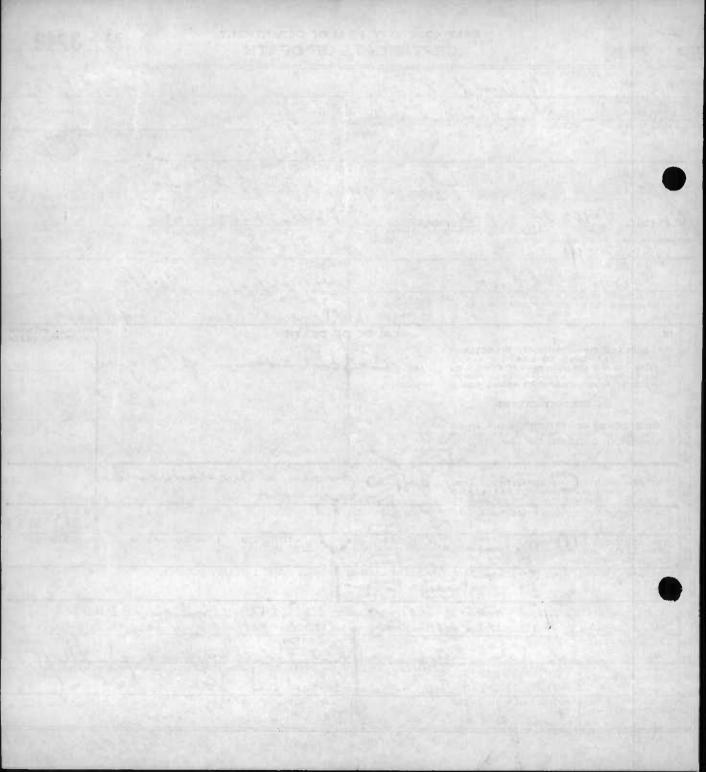
BIRTH NO.						
1. NAME OF DECEASED (Type or Print) ANNA GUNTHER	2. DATE OF April 17, 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give stree HOSPITAL OR INSTITUTION	et address or   Md   c. CITY OR TOWN (If outside corporate fiffilts, write RURAL and give township)					
37 Mercy Hosp.	Raltimore					
ength of stay in Baltimore	Yrs, D. STREET ADDRESS (If rural, give location) Mos. Days 2601 W. North Ave.					
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED. WIDOWED, DIVORC married						
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINE	ESS OR 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
John Kilzet	Marie Anna Schmidt					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service) 16. SOCIAL SECUR NOR	RITY NO. Drawn Country Country No. 1 North Assessment					
LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Walignant Legactories 2 Uses (B) DUE TO						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	m					
19A. DATE OF OPERATION   19B. MAJOR FINDINGS	OF OPERATION 20. AUTOPSY?					
218. PLACE OF INJU 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street CAUSE OF DEATH						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  WHILE AT NOT WHILE						
22. I hereby certify that I attended the deceased from $2 - 3$ , 1957 to $4/62$ , 1957, that I last saw deceased alive on $4/7$ , 1957 and that death occurred at $4/7$ , from the causes and on the date stated at						
24a. BUMAL, CREMA- TION, REMOVAL (Specify) Burial - 4/19/52 Balto.	of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR APR 181952	25. FUNERAL DIRECTOR CALLER ADDRESS					
VS 150	Batto 17, Md					



### BALTIMORE CITY HEALTH DEPARTMENT

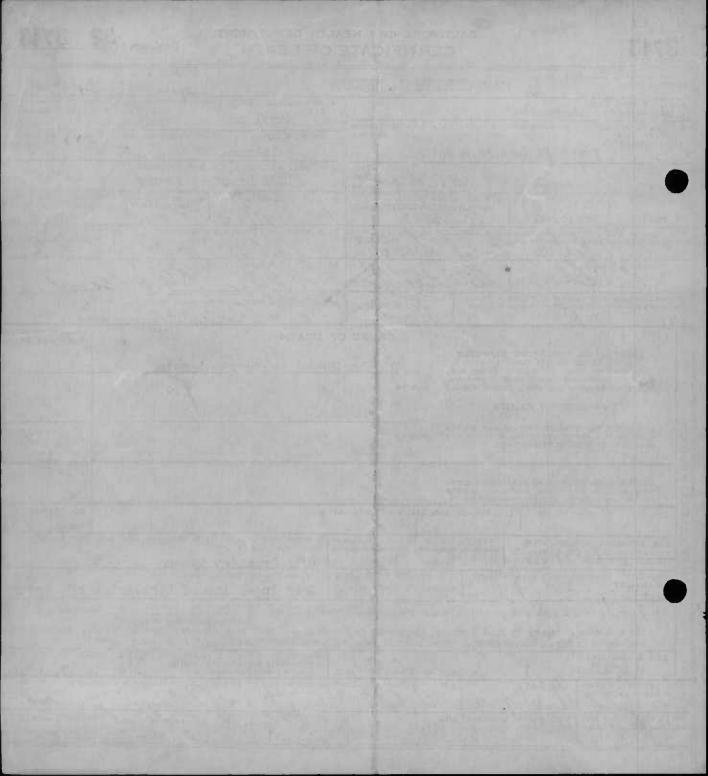
gistered No. 3742

2	RTH NO74	2	(	CERTIFICATI	E OF DEATH	Registered A	6. 3/36
1.	NAME OF D	DECEASED QM	ures L	Eaun		2. DATE VED	ril 16, 1952
Α.		City, Maryland 7	4 022	& Sheeles	A. STATE	NCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
H	FULL NAME DSPITAL OR STITUTION	OF (If not in hospit	tal or institutio	n, give street address or location)	c. CITY OF TOWN	(If outside corporate limit	s, write RAL and give township)
0	ongth of s	stay in Baltimore	2	Yrs. Mos. Days	D. STREET ADDRES	S (If rura), give location)	*
5.	SEX Mercele	6. COLOR OR RACE			MINCH 17	9. AGE (In years hast birthday) Mo	Under 1 Year   If Under 24 Hours nths Days   Hours Min.
10 worl	A. USUAL OC done dayin most	CCUPATION (Give kind of of working life even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE S	nute or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME OF 61	ush		14. MOTHER'S MAI	On & Nultus	
	. WAS DECEAS	ED EVEN IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAND	En an 14221	poress L-Lalen
CERTIFICATION	(This doe heart failt in jury or DISEASE RISE TO UNDERLY OTHER STRIBUTION	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mee complication which  ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	TH  of dying, e.g. ans the disease, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATED	(A)		a of Tong	ONSET AND DEATH
EDICAL		DENT WAS UNDER-		FINDINGS OF OPER		D (If in Baltimore City, 1	20. AUTOPSY?  YES NO  give exact location)
MED	LYING O	R CONTRIBUTING DEATH	about home, fa	rm, factory, street, office bldg., o	otc.) INJURY OCCUR	??	
	21D. TIME INJURY	(Month) (Day) (Year	w	1E. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
		live on 4/15	tended the d		7 , 1952 red at 5 & P m., 23B. ADDRESS	from the causes and on ti	that I last saw the he date stated above.
710	AA. BURIAL, ON, REMOVAL (	CREMA- 24B. DATE ( Specify)  CP1.2/, 1	mon. 2	hew Cal	hedral Cem	hat he	or eounty) (State)
	ATE RECEIVE		1 111	liarra M.D.	25. FUNERAL DIRE	and Evan	ADDRESS
	VS 150	9 1337 9		14805.	Pharles	st, Balle 3	o Mid



### CERTIFICATE OF DEATH Registered No. 2 3743 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	L OF BEATTI
1. NAME OF DECEASED (Type or Print) MARGUERITE L. FOX	CX X 2. DATE OF April 16, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	maryland
Franklin Square Hospital	Baltimore /6 township
ength of stay in Baltimore 3 P Man Days	103/ Brantley Avenue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARKIED, WHOOWED, DIVORCED Specific	; II.
female colored marues	MN. 6, 1913 B8
10A. USUAL OCCUPATION (Give kind of lobe, KIND OF BUSINESS OR work down during most of working life, every (retired)	11. BIRTHPLACE (State or foreign country)  WHAT COUNTRY
13. FATHER SNAME	14. MOTHER'S MAIDEN NAME
Fusay Jindsey	alice parings
15. WAS DECEASED EVER IN S. ARMED FORCES? (Yes, no or unknown) (If yes, Ne war or dates of service) SECURITY NO.	1034 Brantley and .
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	of DEATH INTERVAL BETWEEN ONSET AND DEATH
injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21a. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. about home, farm, factory, street, office bldg uning L CAUSE OF DEATH. home  21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCUR	103/2 Brantley Avenue
April 9, 1952 WHILE AT NOT WHIL	Salf ingestion of highlanide of mercury
22. I certify that I took charge of the remains described	above, held an autopsy thereon and from Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural caus	Inquiry, find that said deceased died on the day stated above es $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
231. SIGNATURE N. Durlache	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER 2 April 17, 1952
24A. BURIAL, CREMA- 2AB. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 ENERODIRECTOR Suneral ADDE Home
APR 181952 Tuntington Welliams M	1651 Druid Hill are
VS 151 N965× 390	91



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH DECEASED 1. NAME OF 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years) If Under 1 Year 7. SINGLE, MARRIED last birthday) Months; Days Hours; Min. WIDOWED DIVORCED (Specify) circle 16 A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 1 . BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, eyen if retired) INDUSTRY WHAT COUNTRY Chal 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION YES L 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT 1952 that I last saw the 22. I hereby certify that I attended the deceased from\_ . 195% to\_ 1952; and that death occurred at \$ 350m., from the causes and on the date stated above. deceased alive on\_ 23c. DATE SIGNED 23A SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY DR CREMATORY 240. LOCATION (City, town, or county) 4/19/52 St. Stanislaus Cemetery. Dundalk Ave.

ADDRESS

Museus Myschimunek Funeral nome 2601-03-05 E. Madison

DATE RECEIVED BY

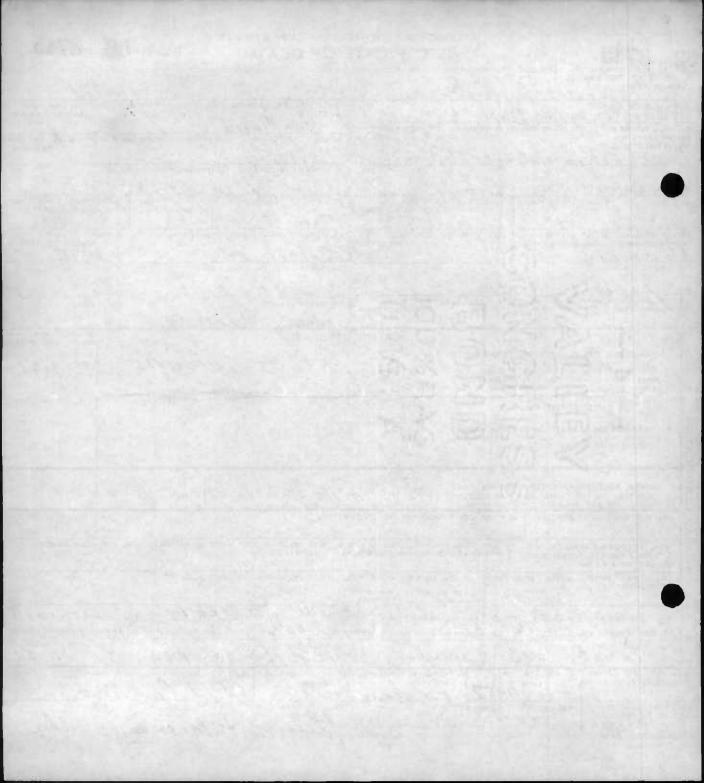
REGISTRAR'S SIGNATURE,

THE RESERVE WHEN THE PROPERTY OF THE PARTY O

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52 MPTH	3745	

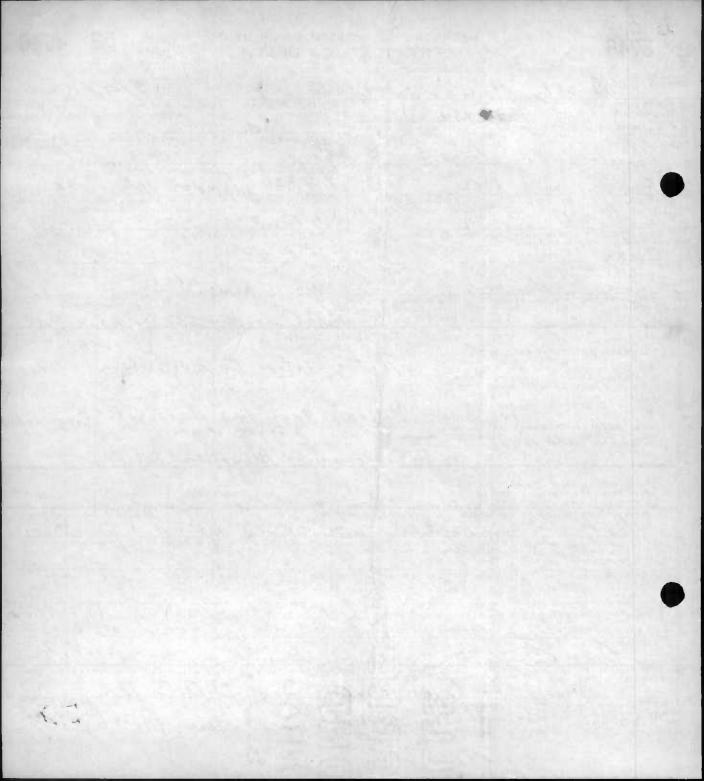
Registered) 8 3745

) bí	RTH NO. 740		CERTIFICATI	E OF DEATH	registered and	
1.	NAME OF DECEASED	1 0			2. DATE OF	,
	PLACE OF DEATH:	tine Go	Y M AN	4. USUAL RESIDENCE (W	DEATH 4/17	1/52
	Baltimore City, Mary		City	A. STATE	B. COUNTY	before admission)
HC	FULL NAME OF (If no SPITAL OR STITUTION	ot in hospital or instit	ntion, give street address or location)	C. CITY OR FOWN (If	outside corporate limits,	write RVRAL and give township)
S	outh Baltim	ore GONEY	al Hospital	Baltimore	10	
-	ngth of stay in Bal	timore / i	Yrs. Mos. Days	D. STREET ADDRESS (If:	rural, give location)	
5.	SEX 6.COLOR	OR RACE   7. SING	LE. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) # 1	Index 1 Year If Under 24 Hours
	FIN		WED, DIVORCED (Specify)	Mar. 15	53	ths Days Hours Min.
	A. USUAL OCCUPATION done during most of working life, e		ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	4.5.9.
13	70 1	11 11		1 7	/	
15	Dernard. WAS DECEASED EVER IN	Worth	16. SOCIAL	The state of the s	AA b	
(You	, no or unknown) (If you, giv	e war or dates of service)	SECURITY NO.	17. INFORMANT	m clas	DRESS
	18. 704		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR COL	I NDITION DIRECTLY		7	., .	ONSET AND DEATH
		TO DEATH	Fan	phiaus Vu	1100115	months
	heart failure, asthenia, Injury or complicatio	etc. It means the dise	ase,	6	6	
		ENT CAUSES				
7	ANTECEDE	ENI CAUSES	(B)			
NOIF	DISEASES OR COND	ITIONS, IF ANY, GIV	ING			
CAT	UNDERLYING CON	DITION LAST.	(C)			
임			(0)			
ERTI	OTHER SIGNIFICAN	EATH, BUT NOT RELA	ON. Poss. H	cute olomerolo	nephritis	Days.
U	TO THE DISEASE OR		R FINDINGS OF OPER			1 20. AUTOPSY?
AL	19A. DATE OF OPERAT	138. 11/130	K PINDINGS OF OFE			YES NO
EDICA	21a. ACCIDENT WAS LYING OR CONTRIE CAUSE OF DEATH	OHOLIC	LACE OF INJURY (e. g., i e, farm, factory, etreet, office bldg.,		f in Baltimore City, gi	ve exact location)
Σ	21D. TIME (Month) (D	Pay) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	INJURY	m,	WHILE AT NOT WHILE			
	22. I hereby certify	that I attended th	e deceased from	6 14 1952 to F	6.17- ,195	that I last saw the
	deceased alive on A	p. 16, 19 5.	Zand that death occur	rred at 1.05 a.m., from t		
	23A. SIGNATURE	del C	empo M.D.	1213 hight H	t. md	230. DATE SIGNED
24 TI(	IA. BURIAL, CREMA- DN, REMOVAL (Specify)	LIQIOS	24CONAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	Or county) (State)
D	ATE RECEIVED BY   RE	SISTRAR'S SIGNA	TUR MAN	26 FUNERAL DIRECTOR	5.00.	ADDRESS
	DD 1 Q 1057	Tunlington	Williams M.D.	Human d.	+ Vanning	Walk OV
#	VS 150	0	- 4.6	July 1	- Comming	OV.

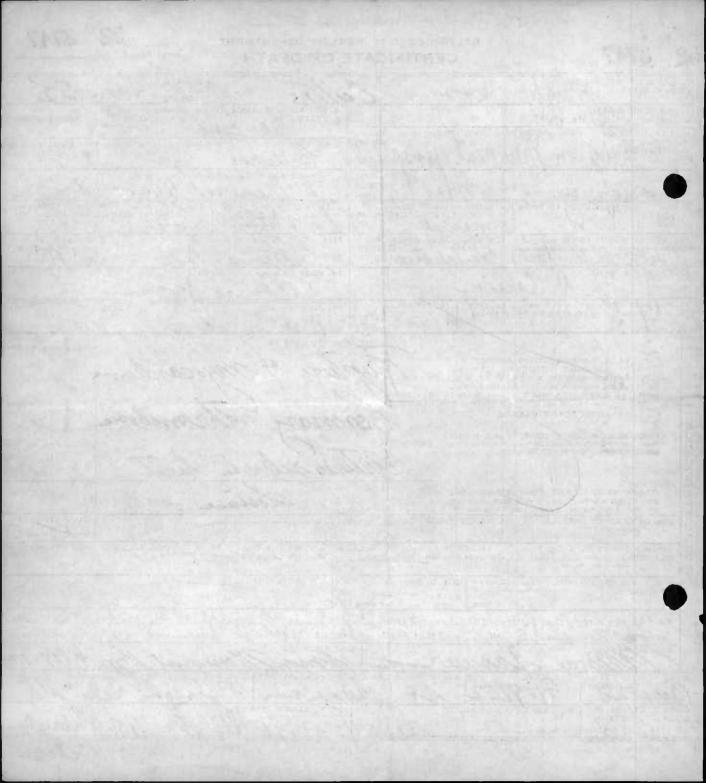


egistered No. 3746

BIR	3/4t			CERTIFICATI	E OF DEATH	Registered	No. 0/40
1. P	NAME OF D		14.6	arrett		2. DATE OF DEATH	17/5-2
B. F	ULL NAME SPITAL OR TITUTION	EATH: City, Maryland OF (If not in hospit	al or instituti	on, give street address or location)	4. USUAL RESIDENCE A. STATE	(Where deceased lived, I B. COUNTY	If institution; residence before admission) its, write RUMAL and give township)
C		tay in Baltimore	1	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	*23
5. 5		6. COLOR OR RACE	7. SINGLE	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH /	9. AGE (In years	If Under 1 Year If Under 24 Hours fonths: Days Hours Min.
10 A ork d	Ole N	CUPATION (Give kind of a f wnrking life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	FATHER'S N	Neis Neis	ser.	General	Mary C. Kil	mball	
15. Yes,	MAS DECEASE no or unknown)	D EVER IN U.S. ARMEI (If yes, give wer nr date	FORCES? anf service)	16. SOCIAL SECURITY NO.	Paul Garrets	+ 1232 6/	ndon Ave.
CALION	(This does heart failus injury or DISEASES RISE TO TI	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of the complication which of the complication which of the complication which of the complication which complication which complication which complication is considered.	ITH  If dying, e. g  ns the disease  aused death.  BES  F ANY, GIVIN  STATING TH  STATING TH	DUE TO  (B) MUTIP	operative C  le Anomolie  Great  mposed Rheu	s of Items	t Cangenila,
LEKILLI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	TIONS CON	D	My post of The W	maire Enjec	- //
MEDICAL	21A. ACCID	ENT WAS UNDER CONTRIBUTING	218. PLA	FINDINGS OF OPER  2	14 Massive dil.	(If in Baltimore City,	YES NO
	210. TIME (	Month) (Day) (Year)		VHILE AT NOT WHILE WORK		URY OCCUR?	
				and that death occur	red at y: • fm., from 38. ADDRESS	m the causes and on	the date stated above.
24A TION	. BURIAL, O	REMA- pecify) 4/7/	757	24c. NAME OF CEMETE	RY OR CREMATORY 24	Q. Q. C. N	n, or county) (State)
DAT	PR 18	RAR	s signatu	Williams, M.	Flynn +	Henry 142	Light of
	VS 150		0	3909	9	1	



452 CERTIFICATI	E CORRECTED.	4-22-52	X	
2 3747 BIRTH NO.	CERTIFICATI	EALTH DEPARTMENT	52 Registered No.—	3747.
1. NAME OF DECEASED (Type or Print)	wry	Mine	OF DEATH 4-16	-52
A. Baltimore City Mary and	1	4. USUAL RESIDENCE (WI		ution : residence before admission)
B. FULL NAME OF (If not in hospital or insti	tution, give street address or location	c. CITY OR TOWN (If a	outside corporate limits, wri	te RURAL and give township)
ength of stay in Baltimore	life Yrs. Mos. Days	D. STREET APPRESS (If r	1 /6	8 6000
5. SEX   6. COLOR OR RACE   7. SING	GLE MARRIED, DWLD, DIVORCED (Specify)	Sec. 2 1884	9. AGE (In years li Undai last birthday) Months:	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, every free tired)	ND OF HUSINESS OF INDUSTRY	11. BIRTHPLACE (State or for		WHAT COUNTRY?
Japan D. Collin	r	14. MOTHER'S MAIDEN NA	James	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no ounhnown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	B. CI-CI	ESS,
18. 420.0	CALISE	OF DEATH 30		NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTI LEADING TO DEATH (This does not mean the mode of dying, beart failure, asthenia, etc. It means the dis	e. g., (A)/ Uf	where of my	scardiim	
injury or complication which caused de	ath.) DUE TO	0	t	
DISEASES OR CONDITIONS, IF ANY, GI	VING	romary sh	romerous	•••••••
UNDERLYING CONDITION LAST.	and	rio scleroti	heart	
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL		disease		
19A. DATE OF OPERATION 19B. MAJ				20. AUTOPSY
	PLACE OF INJURY (e.g., i		in Baltimore City, give e	yes No L
5	me, farm, factory, street, office bldg.,		OCCUPA.	2 1
INJURY (Month) (Day) (Year) (Hour)	WHILE AT NOT WHILE AT WORK		-0	
22. I hereby certify that I attended t	he deceased from	Jul 7, 1952 to by		at I last saw the
deceased white on Man 6	Zand that death occur	red at 2:20 Pm., from the	e causes and on the do	te stated above.
244 BURIAL, CREMA- 248 DATE	24C. NAME OF CEMETE	A OR CREMATORY 24D. L.C.	CATION (City, 160), at 60	4-17-5-Z
THE REMOVAL (Spary) 4/19/52	It who	es Cem El	lecost Cet	y Med
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR ADD 18 1052	TURE	FUNERAL DIRECTOR	loke -4/11 8	Plane -
VS 150	690	21/10		aer



	630
)	3748
	BIRTH NO.
	1. NAME OF

50	3748
istered No	0/40

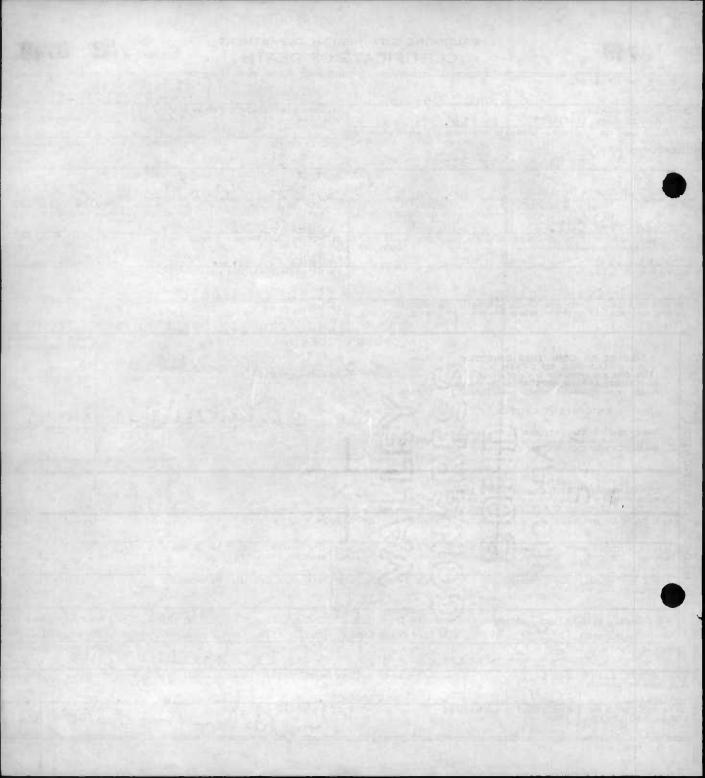
BIRTH NO.		RTIFICATE	OF DEATH	Registered N	5/40
DIRTITI NO.	CL	INTII ICATE	OI DEATH	1	
1. NAME OF DECEASED (Type or Print)	RICHARD FRA	NCIS		OF DEATH 4-	18-52
3. PLACE OF DEATH: A. Baltimore City, Man		4	. USUAL RESIDENCE (		nstitution: residence before admission)
B. FULL NAME OF (If HOSPITAL OR INSTITUTION	not in hospital or institution, g	342- \1	CITY OR TOWN (I	outside corporate limits	
	S HOSPITAL	Y-S D	COLONIA D. STREET ADDRESS (If	BEACT	township)
c. ength of stay in Ba		Most Days			
MU	U MARK	DIVORCED (Specify)	9-9-8/		Under 1 Year II Under 24 Hours the Days Hours Min.
10A. USUAL OCCUPATION work done during most of working life	N (Give kind of even if retired)  MATE	BUSINESS OR 11	1. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		1-	4. MOTHER'S MAIDEN N	AME	0-3
15. WAS DECEASED EVER IN	MES FORD	. SOCIAL 1:	+ RANCE	S WIND	SOR
(Yes, no or unknown) (If yes, g	ive war or dates of service)	MANOWN	7. INFORMANT	Nosp- K	PRESS )
LEADING	PONDITION DIRECTLY TO DEATH the mode of dying, e.g.,	CAUSE OF	TYON OF SMALL	Boyett. I	DASET AND DEATH
heart failure, asthenic injury or complicati	a, etc. It means the disease, ion which caused death.)	DUE TD		<b>2000</b>	***************************************
	DENT CAUSES DITIONS, IF ANY, GIVING		M 07 SUPMES	ENTERIL ARTEN	27
RISE TO THE ABOVE	CAUSE (A) STATING THE IDITION LAST.	(C) THROMB	OPHLEBITIS of L	EG UEIN (PAI	
<u>0</u>		· ·			FIDOXICAL)
DISEASES OR CON RISE TO THE ABDVE UNDERLYING CON UNDERLYING CON OTHER SIGNIFICA	II NT CONDITIONS CON-				(ADAYICAL)
OTHER SIGNIFICA					(ADXY-CALL)
OTHER SIGNIFICA TRIBUTING TO THE DISEASE OR 19a. DATE OF OPERA	NT CONDITIONS CON- DEATH, BUT NOT RELATED CONDITION CAUSING IT.	NDINGS OF OPERAT			20. AUTOPSY?
OTHER SIGNIFICA TRIBUTING TO THE E TO THE DISEASE OR	NT CONDITIONS CON- DEATH, BUT NOT RELATED CONDITION CAUSING IT.  TION 19B, MAJOR FIN		ION	If in Baltimore City, g	20. AUTOPSY?
OTHER SIGNIFICATION TRIBUTING TO THE ITO THE DISEASE OR  19A. DATE OF OPERA  21A. ACCIDENT WAS LYING OR CONTRI CAUSE OF DEATH 21D. TIME (Month) (	NT CONDITIONS CON- DEATH, BUT NOT RELATED CDNDITION CAUSING IT.  TION 19B, MAJOR FIN  UNDER- BUTING 21B. PLACE about home, farm, for	NDINGS OF OPERAT	ION		20. AUTOPSY?
OTHER SIGNIFICATION TO THE DISEASE OF  19A. DATE OF OPERA  21A. ACCIDENT WAS LYING OR CONTRI CAUSE OF DEATH  21D. TIME (Month) ( TINJURY	NT CONDITIONS CON- DEATH, BUT NOT RELATED CONDITION CAUSING IT.  TION 19B, MAJOR FIN  BUTING 21B, PLACE BUTING bout home, farm, fa  Day) (Year) (Hour) 21E.  WHILE WOR	NDINGS OF OPERAT  OF INJURY (e.g., in or actory, street, office bldg., etc.)  INJURY OCCURRED  AT WORK	21c. WHERE DID ( INJURY OCCUR? 21f. HOW DID INJUR	Y OCCUR?	20. AUTOPSY? YES ND ve exact location)
OTHER SIGNIFICATION TO THE DISEASE OF 19A. DATE OF OPERA  21A. ACCIDENT WAS LYING OR CONTRICAUSE OF DEATH  21D. TIME (Month) (FINJURY)  22. I hereby certify	NT CONDITIONS CON- DEATH, BUT NOT RELATED CDNDITION CAUSING IT.  TION 19B, MAJOR FIN  BUTING 21B, PLACE BUTING bout home, farm, for m. WHILE WOR  that I attended the dece	NDINGS OF OPERAT  OF INJURY (e. g., in or actory, street, office bldg., etc.)  INJURY OCCURRED  AT WORK  AT WORK  eased from 3-	21c. WHERE DID (INJURY OCCUR?  21f. HOW DID INJUR	Y OCCUR?	20. AUTOPSY? YES ND VIOLENCE exact location)
OTHER SIGNIFICATION TO THE DISEASE OR  19A. DATE OF OPERA  19A. DATE OF OPERA  21A. ACCIDENT WAS LYING OR CONTRI CAUSE OF DEATH  21D. TIME (Month) ( 1NJURY  22. I hereby certify deceased alive on	NT CONDITIONS CON- DEATH, BUT NOT RELATED CONDITION CAUSING IT.  TION 19B, MAJOR FIN  BUTING 21B, PLACE BUTING bout home, farm, fa  Day) (Year) (Hour) 21E.  WHILE WOR	NDINGS OF OPERAT  OF INJURY (e. g., in or actory, street, office bldg., etc.)  INJURY OCCURRED  AT WORK  eased from 3-  that death occurred	21c. WHERE DID (INJURY OCCUR?  21f. HOW DID INJUR  (1, 195, to 4)  d atm, from to	Y OCCUR?	20. AUTOPSY? YES ND () we exact location)  that I last saw the e date stated above.
OTHER SIGNIFICATION TO THE DISEASE OR 19A. DATE OF OPERA  21A. ACCIDENT WAS LYING OR CONTRICAUSE OF DEATH  21D. TIME (Month) (FINJURY)  22. I hereby certify deceased alive on 23A. SIGNATURE	NT CONDITIONS CON- DEATH, BUT NOT RELATED CONDITION CAUSING IT.  TION 19B, MAJOR FIN  BUTING 21B. PLACE BUTING About home, farm, for work that I attended the deed	NDINGS OF OPERAT  OF INJURY (e. g., in or actory, street, office bldg., etc.)  INJURY OCCURRED  AT WORK  eased from 3-  that death occurre.	21c. WHERE DID (INJURY OCCUR?  21f. HOW DID INJUR  195 to 4  d at	Y OCCUR?	20. AUTOPSY? YES ND VIOLENCE exact location)
OTHER SIGNIFICATION TO THE DISEASE OR 19A. DATE OF OPERA  19A. DATE OF OPERA  LYING OR CONTRICAUSE OF DEATH  21D. TIME (Month) ( 1NJURY  22. I hereby certify deceased alive on 23A. SIGNATURE	NT CONDITIONS CON- DEATH, BUT NOT RELATED CONDITION CAUSING IT.  TION 19B, MAJOR FIN  BUTING 21B. PLACE BUTING About home, farm, for work that I attended the deed	OF INJURY (e. g., in or nectory, street, office bldg., etc.)  INJURY OCCURRED  AT WORK  eased from 3-  that death occurre.  M. D. 23B  NAME OF SEMETERY	21c. WHERE DID (INJURY OCCUR?  21f. HOW DID INJUR  195 to 4  d at	he causes and on the	that I last saw the date stated above.  23c. DATE SIGNED  Or ccunty) (State)
OTHER SIGNIFICATION RENDAL (Specific)  OTHER SIGNIFICATION TO THE DISEASE OR 19A. DATE OF OPERA  LYING OR CONTRICAL (Month)  21A. ACCIDENT WAS LYING OR CONTRICAL (Month)  21A. TIME (Month)  22A. I hereby certify deceased alive on 23A. SIGNATURE  DATE RECEIVED BY LOCAL REGISTRAR	Day) (Year) (Hour)  that I attended the deed the Date  that I attended the deed the Date  ABOUNDER.  BUTING:  21B. PLACE about home, farm, for the second the deed th	INJURY (e. g., in or actory, street, office bidg., etc.)  INJURY OCCURRED  AT NOT WHILE AT WORK  eased from 3- that death occurre  M. D. 23B  NAME OF CEMETERY	21c. WHERE DID (INJURY OCCUR?  21f. HOW DID INJUR  195 to 4  d at	he causes and on the Carlon (City, town,	that I last saw the date stated above.  23c. DATE SIGNED  Or ccunty) (State)
OTHER SIGNIFICATION, REMOVAL (Specific)	ATT CONDITIONS CONDEATH, BUT NOT RELATED CONDITION CAUSING IT.  TION 19B, MAJOR FINE 19B, MAJOR FINE 21B, PLACE about home, farm, for that I attended the decent of the condition of the conditio	INJURY (e. g., in or actory, street, office bidg., etc.)  INJURY OCCURRED  AT NOT WHILE AT WORK  eased from 3- that death occurre  M. D. 23B  NAME OF CEMETERY	21c. WHERE DID (INJURY OCCUR?  21f. HOW DID INJURY  1 195 to 4  d at	he causes and on the Carlon (City, town,	yes ND ve exact location)  that I last saw the edate stated above.  23c. DATE SIGNED  (State)

2 00 2 3749 BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

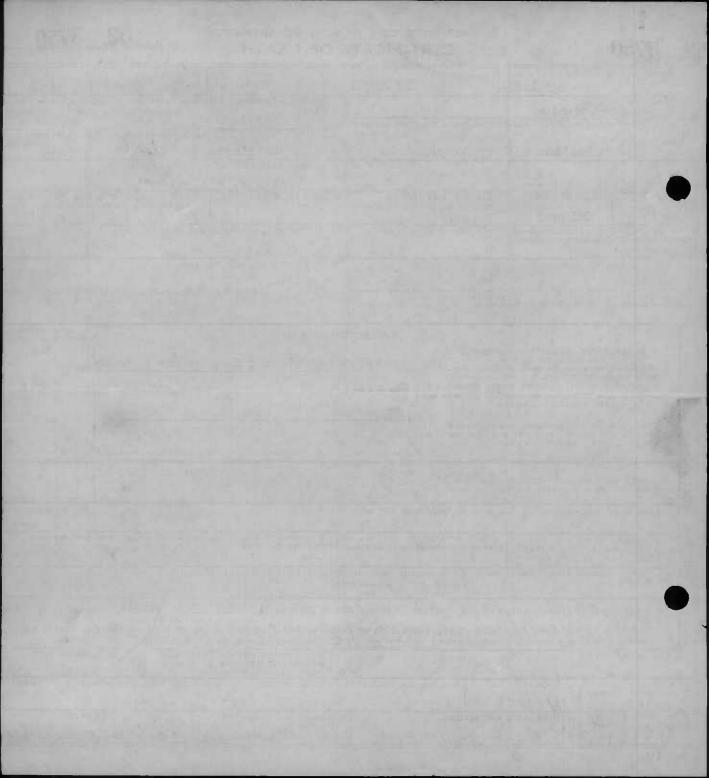
Registered No.2 3749

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)				2. DATE	
Sor	hronie	Bogue		DEATH April.	
a. Baltimore City, Maryland	Balto	. City	4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	titution: residence before admission)
HOSPITAL OR	al or institutio	n, give street address or location)	C. CITY OR TOWN (If	outside cor orate limits w	orte RURAL and sive
INSTITUTION	tom 54		Baltimore	outside con orace marks w	township)
13 North Exe	ter ot	reet Yrs.	D. STREET ADDRESS (If	rural give location)	
and of stands Baltiman	77 77	Mos.			
5. SEX 6. COLOR OF RACE	7. SINGLE.	MARRIED.	8. DATE OF BIRTH	er Street	fer 1 Year   If Under 24 Hours
	WIDOWE	D, DIVORCED (Specify)		last birthday) Month	as Days Hours Min.
Female Col.	Wido		Dec-25-1891	60	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TOB. KIND	INDUSTRY	11. BIRTHPLACE (State of 10	reign country) 12	2. CITIZEN OF WHAT COUNTRY?
Housewife	Hom	е	Lewrond H.C.		S.A.
13. FATHER'S NAME	•		14. MOTHER'S MAIDEN NA	AME	
Drivers Mull	on		Ellen Mulle	n	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war nr dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
NO		SECURIT NO.	Tee Bogue 13	North Exeter	r Street
118. 1664 X		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTIV				ONSET AND DEATH
LEADING TO DEAT	TH	- Cul	III DIRECT CO	estolus.	14.61.
(This does not mean the mode o heart failure, asthenia, etc. It mea:	ns the disease,				7.2
injury or complication which e	aused death.)	DUE TO			
ANTECEDENT CAUS	ES		and the	0.1.	west.
DISEASES OR CONDITIONS, IF	ANY GIVING	(B)	round for	CEPUS	, , , , , , , , , , , , , , , , , , ,
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE	DUE TO			
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	ST.	(C)	•••••••••••••••••••••••••••••••••••••••	***************************************	***
IL .					
OTHER SIGNIFICANT CONDI	TIONS CON-				
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED				Lie be little
	1	FINDINGS OF OPER	ATION		20. AUTOPSY?
A P					YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	218. PLAC	E OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City, give	
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, far	m, factory, street, office bldg., e	th.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year)	(Hour) 2	IE. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
MOOKI		HILE AT NOT WHILE			
22. I hereby contifue that I att		1	april 195/4016	april 1954	that I last saw the
deceased alive on		eceasca jioni	red at 8.38 m., from the	, , , , , , ,	
23A. SIGNATURE	<u>, u                                   </u>		3B. ADDRESS		23c. DATE SIGNED
a.e. 6	ww	El M.D.	121 Cesqu	Till 8	4-18-52
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	2.	4C. NAME OF CEMETE	RY OR CREMATORY 24D.	OCATION (City, town, or	county) (State)
Burial 4/19/19	52 M	t Calvery C	em. Bro	W 45 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
DATE RECEIVED BY REGISTRAR	SSIGNATUR	E II ·	FUNERAL DIRECTOR	m Iros Bû	DDREGG UP
VS 150		The Man Mark 1	1		
43 130			//		



# CERTIFICATE OF DEATH Registered No. 3'750

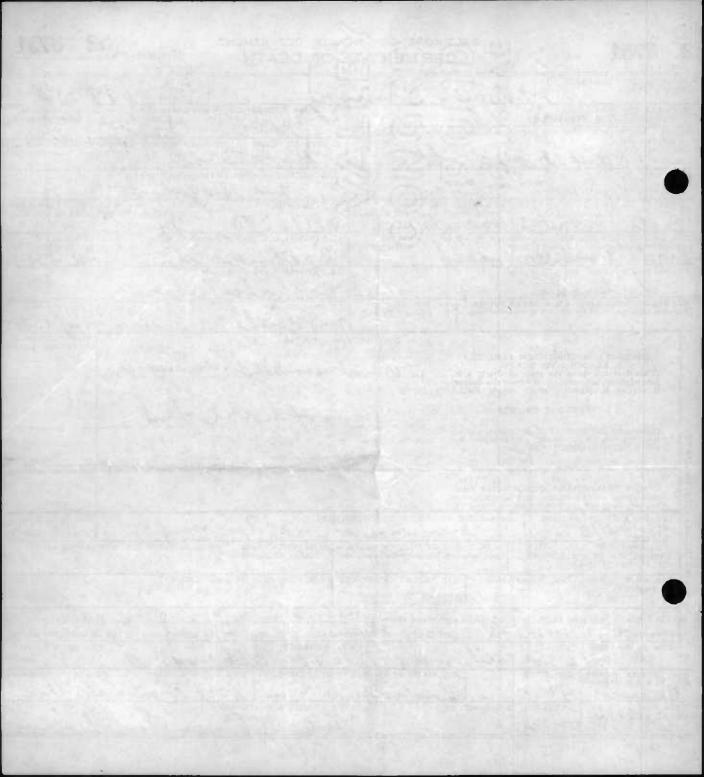
8	IRTH 46.			CERTIFICATE	OF DEATH		
	NAME OF DE		6.0	GMORITETIC		2. DATE OF	
	PLACE OF DE	ISA	AC	SMOTHERS	4. USUAL RESIDENCE (	DEATH AD	ril 16, 1952
Α.	Baltimore Ci	ty, Maryland			A. STATE	B. COUNTY	before admission)
H	OSPITAL OR	F ('f not in hospit	al or institut	tion, give street address or location)	Maryland	f outside corporate lis	nits, write RURAL and give
11	ISTITUTION	Baltimore	City Mo	rgue	Baltimor	71	township)
-			0203 111	Yrs.	D. STREET ADDRESS (If		
	ength of sta	y in Baltimore		Mos. Days	113 W. H	ill Street	
	EX	COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours Months; Days Hours: Min.
	Male	Colored		W		65 ?	
		UPATION (Give kind of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
1	Laborer D. FATHER'S NA	ME		Sen.	Maryland		
		(ME			14. MOTHER'S MAIDEN N	AME	
	Unknown	EVER IN U.S. ARMEL	FORCES?	16. SOCIAL	Unknown		
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	10 1/25	1		CAUCE	DE DELTII		INTERVAL BETWEEN
	18.422.	OR CONDITION	DIRECTIV		OF DEATH		ONSET AND DEATH
	- 1000	LEADING TO DEA	TH	Antonio	clerotic cardiov	ascular dis	ease
	heart failure	e, asthonia, etc. It mea	ns the diseas	se,	***************************************	***************************************	***************************************
		NTECEDENT CAUS					
7				(B)	***************************************	***************************************	***************************************
ō	RISE TO THE	OR CONDITIONS, I	STATING T				
AT	UNDERLYI	NG CONDITION LA	ST.	(C)		***************************************	
ERTIFICATION		11					
RT	TRIBUTING "	GNIFICANT CONDI	NOT RELAT	ED			
CE	19A. DATE OF	OPERATION   1	THE RESERVE OF THE PERSON NAMED IN	FINDINGS OF OPER	ATION		20, AUTOPSY?
با	TOAT DITTE OF						YES NO X
DICAL	21A. EXTERNA	L CAUSE WAS		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City	, give exact location)
ED		USE OF DEATH.					HT. LEWIS CO.
Σ	21D. TIME (M OF INJURY	onth) (Day) (Year)	` ′	21E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE			
h	22. I certify	that I took char	ge of the	remains described a	bove, held an Inspect	10n & inqui	ry thereon and from
	the evid	ence obtained by	said Auto	psy, Inspection or I	nquiry, find that said d	eceased died on	the day stated above,
	23A. SIGNATL		resulted j	from: natural causes	Z, accident □, suicide		, undetermined □. 23c. DATE SIGNED
	(1)10	Dei Il Long	XXX		ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	EXAMINER	April 16, 1952
2.	AA. BURIAL, CR	EMA- 24B. DATE		24C. NAME OF CEMETER		OCATION (City, tow	
	Burial	4/19/5	52	Mt Auburn C	Bal-	timore.Cit	īv
D,	ATE RECEIVED	BY REGISTRAR	SSIGNATI		25. FUNERAL DIRECTOR	0108	ADDRESS
	APR 1919	352 Hunting	ton A	theater, Mys	J. J. Brown /	Son-wn	rontg meny ly
V	S 151	0	91	6-06			



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2	3751
BIRT	H NO.

Registered No. 3751

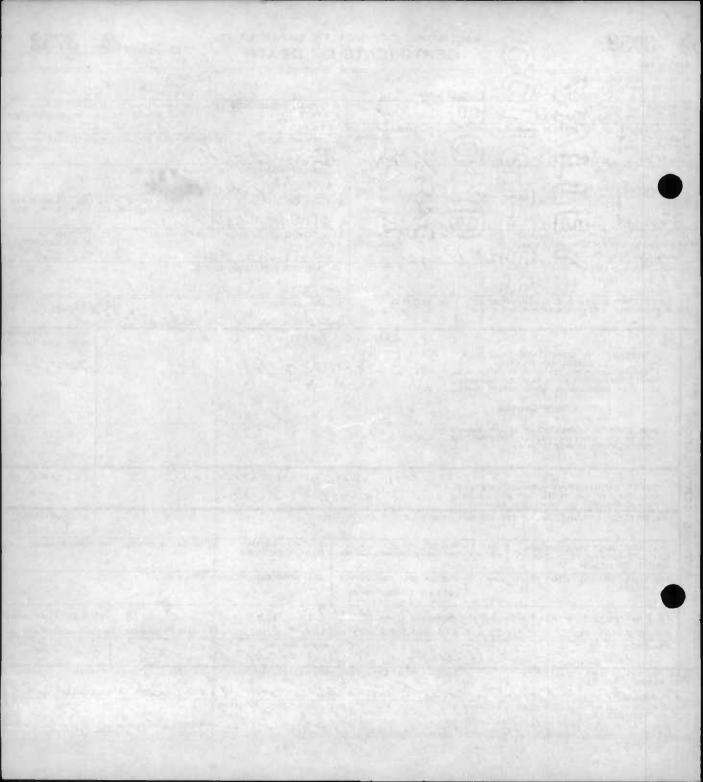
BIRTH NO.						
1. NAME OF D. (Type or Print)		arry	Bent	on	2. DATE OF DEATH 4	17/52
a. Baltimore C	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	institution: residence before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institution, gi	ve street address or location)	c. CITY OR TOWN	(If outside corporate limit	ts, write RURAL and give
INSTITUTION / O	24 B0	yd st	+	Baltin	rose 10	township)
	6	2.10	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
5. SEX	tay in Baltimore	7. SINGLE, MA	Days RRIED.	8. DATE OF BIRTH	AGE (In years)	t Under 1 Year   If Under 24 Hours
male	white	WIDOWED, D	OIVORCED (Specify)	8/1/1880	last birthday) Mo	onths Days Hours Min.
10A. USUAL OC ork done during most o	CUPATION (Give kind of of working life, even in tired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	L Degler	self.	1.0	Naltuno	remd.	USA
Un	ken sum		(19)	Baskala	d diam	
15. WAS DECEASE Yes, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or date		SOCIAL SECURITY NO.	17. INFORMANT	T-A	DDRESS 4
-				mrs Bertha	m. Benton	Boyd St.
18. /77	X 1		CAUSE	OF DEATH		ONSET AND DEATH
	E OR CONDITION LEADING TO DEAT not mean the mode of	TH	· Siss	emeraled	Carcinona	5 7
heart failu	re, asthenia, etc. It mea complication which c	ns the disease,	DUE TO			3
	ANTECEDENT CAUS	SES	Com	e - all ha alt	of Land	
DISEASES	OR CONDITIONS, I	F ANY, GIVING	(B)	July	9/1-4	
UNDERLY	HE ABOVE CAUSE (A)	STATING THE	(C)	· · · · · · · · · · · · · · · · · · ·		
<u> </u>	I I					
	IGNIFICANT CONDI					
TO THE DI	ISEASE OR CONDITION		DINGS OF OPER	ATION O		20. AUTOPSY?
3/24	1/52	Core	money	of prostuly	gland "	YES NO 12
	PENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE O about home, farm, fac	FINJURY (e. g., j ctory, street, office bldg.,	or 21c. WHERE DID	(If in Baltimore City,	give exact location)
ID. TIME	(Month) (Day) (Year)		NJURY OCCURR		URY OCCUR?	
		m. WHILE	AT WORK		11	
22. I hereb	y certify that I att live on 4-17-5	tended the dece		-12-52, 19, to		
23A. SIGNAT		ana t	that death occur	3B. ADDRESS	m the causes and on t	23c. DATE SIGNED
24A. BURIAL.	CREMA- 248. DATE	ruster	M. D.	RY OR CREMATORY   241	D. LOCATION (City, town	, or county) (State)
TION, REMOVAL (S	(pecify)	152 7	Ja Pa	4 6 am 3	DAL Frades	into Dane
DATE RECEIVE	D BY   REGISTRAR'	S SIGNATURE	COOK FOR	25. FUNERAL DIRECTO	PR A	ADDRESS / SY
LOCAL REGIST	1952	+ Mills		John J. C.	owan som	Holling
VS 150	Ø	el visorie	26.1	10 110		
			2706	T		



6	12
BIRT	H NO.

## BALTIMORE CITY HEALTH DEPARTMENT Seristered No. 3752

BIRTH NO.	E OF DEATH		
1. NAME OF DECEASED	2. DATE		
(Type or Print) Mary M. Trapas	OF DEATH 418	52	
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If in		
A. Baltimore City, Maryland	A. STATE B. COUNTY	before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give	
INSTITUTION TO LET COMPANY TO LET	the shalk	township)	
South Daltiture General Hospital	D. STREET ADDRESS (If rural, give location)		
gth of stay in Baltimore	131 Bayside Drive	5300	
5. SEX [6. COLOR OF RACE] 7. SINGLE, MARRIED.	LO DATE OF BIRTH LO ACE UP Years Mile	hs: Days   Hours Min.	
Tende White Harried	2/14/1905 47	ns Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   1	2. CITIZEN OF WHAT COUNTRY?	
work done during most of working life, even if retired)  House wife	Baltimore, Hd.	USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
John 3. Hartman	Irene Riggs.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADI	DRESS de	
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	mr lames m. Trakes 15	rice	
18. 4343 CAUSE	OF BEATH	INTERVAL BETWEEN	
DISEASE OF CONDITION DIRECTLY	114	ONSE! AND DEATH	
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	months		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES  (B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CON-	ddison disease	years.	
TRIBUTING TO THE GEATH, BUT NOT RELATED	mphysema	Veors	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION	20. AUTOPSY?	
¥ V		YES NO	
21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, give e			
LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	21F. HOW DID INJURY OCCUR?		
MHILE AT NOT WHILE AT WORK AT WORK			
22. I hereby certify that I attended the deceased from 4	-17 1952to 4-18 , 1953	that I last saw the	
deceased alive on 4 - 18 19 52 and that death occur	rred at Z. 13 a m., from the causes and on the	date stated above.	
deceased alive on 4 - 18, 19 52 and that death occur	rred at Z. M. m., from the causes and on the	239 DATE SIGNED	
deceased alive on 4 - 18, 19 52 and that death occur  23A. SIGNATURE  Agustus clil Camps M.O.	1213 Light st. hich	239. DATE SIGNED	
deceased alive on 4 - 8, 19 2 and that death occur  23A. SIGNATURE  (Agustus cli Caufes M. O.)  24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL/Specify	1213 Light st. hich	239 DATE SIGNED	
deceased alive on 4 - 8, 19 2 and that death occur  23A. SIGNATURE  (1) Guestus Clu Caurfe M.O.  24A. BURIAL, FREMA-1 24B. DATE   24C. NAME OF CEMETE	1213 Light St. Mill ERY OR CREMATORY 24D. LOCATION (City, town, of hal Gen. 4300 Old Fr	239 DATE SIGNED	
deceased alive on 4 - 8, 19 2 and that death occur  23A. SIGNATURE  (Gustus Cll Caufes M. O.)  24A. BURIAL, CREMA-1 24B. DATE TION, REMOVAL/Specify,  4/2/32 her Cather  DATE RECEIVED BY REGISTRAR'S SIGNATURE	1213 Light St. Mill ERY OR CREMATORY 24D. LOCATION (City, town, o hal Gem. 4300 Old Br	4-18-52	
deceased alive on 4 - 8, 19 2 and that death occur  23A. SIGNATURE  (I GUELLUS CUL CALLIFE M.O.)  24A. BURIAL, CREMA- TION, REMOVAL Specify;  4/2//32 herr Cather	1213 Light St. Mill ERY OR CREMATORY 24D. LOCATION (City, town, of hal Gen. 4300 Old Fr	239. DATE SIGNED 4-18-52 recounty) (State)	



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## BALTIMORE CITY HEALTH DEPARTMENT

egistered No. 3753

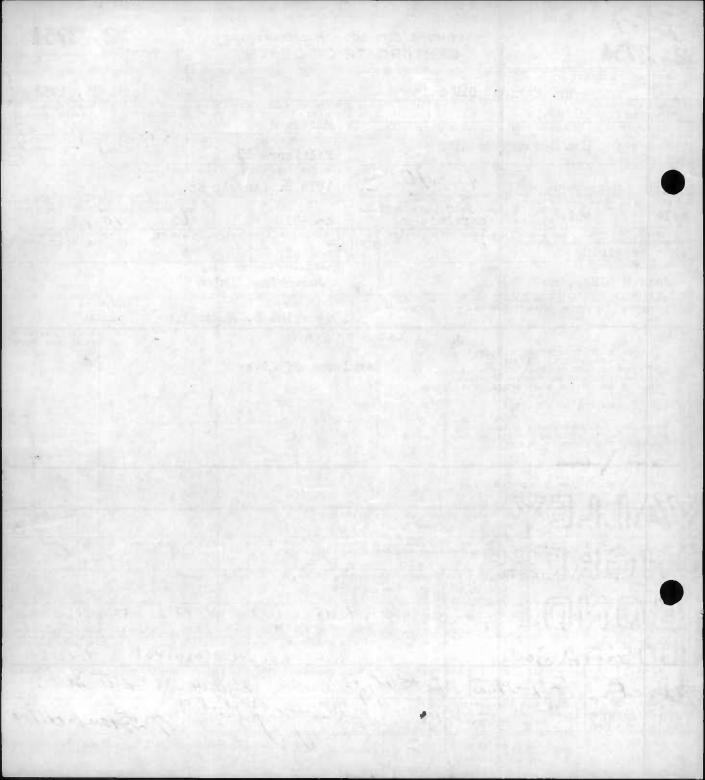
S/JJ BIRTH NO.	CE	ERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	FARRAND SAY	RE	2. DATE OF Apr. 17, 1952
3. PLACE OF DEATH:  a. Baltimore City, Maryland  B. FULL NAME OF (If not in b	ospital or institution.	vive street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
HOSPITAL OR	Paddington	location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Angth of stay in Baltimo	re	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  325 Paddington Rd.
5. SEX 6. COLOR OR R	ACE 7. SINGLE, M	ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years if Under 1 Year Months Days Hours Min.  June 17, 1861  90  90  18. DATE OF BIRTH  9. AGE (In years if Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give) ork done during most of working life, even if r Retired Brig. Ge	tind of 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Monticello Missouri  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Emelius K. Sa			14. MOTHER'S MAIDEN NAME Elizabeth Pierson
15. WAS DECEASED EVER IN U.S. / Yes, no or unknown) (If yes, give war of yes) World	RMED FORCES? 16	security no.	17. INFORMANT ADDRESS Rd. Mrs. Elizabeth Kilbourne - 325 Paddington
DISEASE OR CONDITION TO THE DISEASE OR CONDITION TO (This does not mean the man heart failure, asthenia, etc. I injury or complication when the complication with the complex of the compl	DEATH  ode of dying, e.g., t means the disease, ich caused death.)  CAUSES  NS, IF ANY, GIVING (A) STATING THE N LAST.  DNDITIONS CONBUT NOT RELATED	(A)	Tento - Johnson Interval Between onset and Death
19A. DATE OF OPERATION  21A. ACCIDENT WAS UND LYING OR CONTRIBUTIN CAUSE OF DEATH  1D. TIME (Month) (Day) ( FINJURY	218. PLACE about home, farm,  Year) (Hour) 21E.	OF INJURY (e. g., in factory, street, office hidg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location)
22. I hereby certify that deceased alive on 23A. SIGNATURE	1957, and	that death och	, 193), to, 1932 that I last saw the cred at, 1932 that I last saw the cred at
24a. BURIAL, CREMA- tion, REMOVAL (Spectfy) Burial 4/19	/52 G	NAME OF CEMETE reenmount Ce	
DATE RECEIVED BY LOCAL REGISTRAR	tunton Wil	inus Mar	23 FÜNERAL DIRECTOR. JODRESS
VS 150	0		(balto 17 Md.

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52mm	3754

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

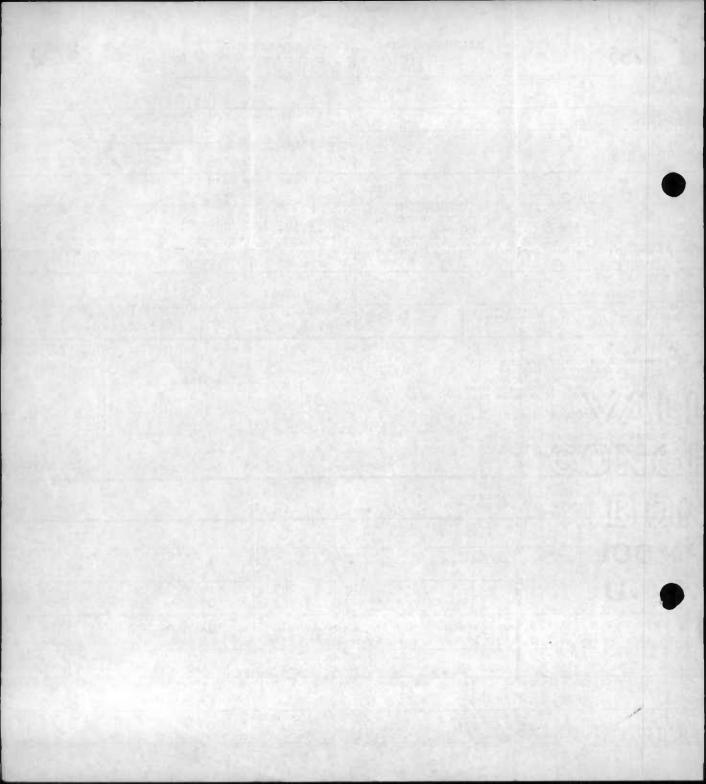
3754 Registered No.

1. NAME OF DECE						2.	DATE			
(Type or Print)	Mr. Mar	ion Di	Martino				OF DEATH	Apri.	1 17, 1952	
A. Baltimore City,	Maryland				4. USUAL RESIDENCE	E (Where	deceased I		nstitution : residence before admis	
B. FULL NAME OF HOSPITAL OR	(If not in hospit	ai or instituti	ion, give street addre		Maryland	/70		2		
INSTITUTION	Bon Secou	rs Hosp	ital		Baltimore 13		de corpora	telimits	write RURAL and town	d give ship)
			10	rs.	D. STREET ADDRESS		give loca	tion)		
	in Baltimore	?	HU *	ays	1918 E. Lanv					
male 6.0	white	WIDOW	e, MARRIED, red, DIVORCED (Sp ried		6-4-91	9.	AGE (In y last birthd	lay) Mor	Under 1 Year of the Days Hours	
10A. USUAL OCCUP work dame during most of work shoe repair	ing life, even if retired)	108. KIND	OF BUSINESS O		1. BIRTHPLACE (State	or foreign	country)		12. CITIZEN OF WHAT COUN	TRY?
13. FATHER'S NAMI		PROP			Italy 4. MOTHER'S MAIDER	N NAME				
Joseph Dil		L.K.			Josephine C					
15. WAS DECEASED EV (Yee, nn or unknown) (1	ER IN U. S. ARMEI	D FORCES?	16. SOCIAL	1	7. INFORMANT			AD	DRESS	
(100, 200 01 012 20 42)	. you, give war ar gate	a or service)	SECURITY N	0.	Augustina S.	DiMart	ino		Same	
(This does not heart failure, as injury or come ANT  O DISEASES OR RISE TO THE A UNDERLYING UNDERLYING OTHER SIGNI	ADING TO DEA' mean the mode of thenia, etc. It mea plication which of ECEDENT CAUS  CONDITIONS, II BOVE CAUSE (A) CONDITION LA	of dying, e. g consthe disease caused death.  SES  F ANY, GIVIN STATING TH ST.	(B)	arci	noma of Liver					
	THE DEATH, BUT									
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION				10N				YES NO	Y?	
21A. ACCIDENT LYING OR CO	NTRIBUTING	218. PLA	CE OF INJURY (earm, factory, street, office)	. g., in o	21c. WHERE DID INJURY OCCUR?	(If in	Baltimore	City, gi	ive exact location)	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?										
22. I hereby co	rtifu that I att		deceased from_		- 15 , 19 6 2 to	Y-	17	1052	About I locat con-	. 47
					d at 4.05 10 m., fro					
23A. SIGNATURE		, 10	and that death o	23E	. ADDRESS			. 1	23c. DATE SIGI	
Dar	isllgai	te	M. D	6	Jon Secour				4-17-52	
24A. BURIAL, CREM CLON REMOVAL (Specif		1952	Most Hell	1 Ne	demle &	Belaite	e gd	Gal		ate)
APR 19195		4 1	Williams . N	2	Seorge JU	Puth	me	双本	auford (	200
VS 150		0			110		-/-		0	
			582	-80						



# CERTIFICATE OF DEATH Registered No. 3755

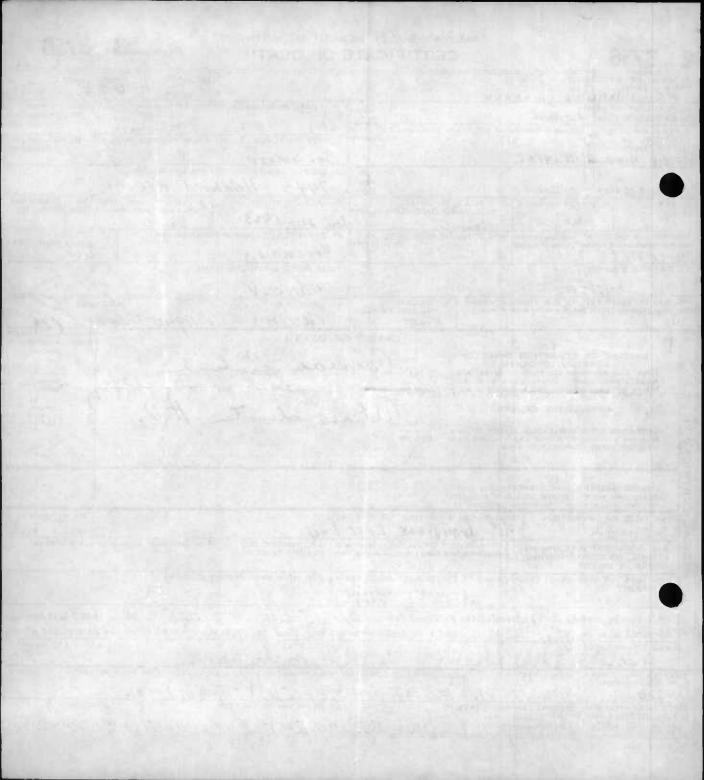
BIRTH NO.	CERTIFICATI	- OI DEATH	
1. NAME OF DECEASED (Type or Print) FREDE	RICK A. HAASE	2. DATE OF Apri	1 15, 1952
S. PLACE OF DEATH: A. Baltimore City, Maryland 55 B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION)	15 Hil top Eve. Il or institution, give street address or location)	4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY  Maryland	
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 5515 Hipptop Ave.	
Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married  10B. KIND OF BUSINESS OR	April 18, 1891 9. AGE (In years last birthday)  11. BIRTHPLACE (State or foreign country)	Months Days Hours Min.
ork done during most of working life, even if retired)  Engraver  13. FATHER'S NAME	Jewelery (M)	Maryland  14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
Robert Haase	FORCES?   16 SOCIAL	Louisa Rauck	
Yes, no or unknown) (If yes, give war or dates	of service) SECURITY NO.	Mrs. Mary Haase 5515 Hillton	ADDRESS  AVe.   INTERVAL BETWEEN
DISEASE OR CONDITION IN LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which established the complex of the c	dying, e.g., (A)	solustic C. U.D.	ONSET ANO OEATH
	B. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH  TIME (Month) (Day) (Year) NJURY  22. I hereby certify that I atted deceased alive Cause 23A. SIGNATURE  24A. BURIAL, REMA- 110N, REMOVAL (Specify) UT181  April 12	m. WHILE AT NOT WHILE AT WORK AT WORK anded the deceased from 1957, and that death occurry 23	injury occur?  21f. How DID INJURY occur?  13 8, to Can 215, 193  red at 30 m., from the causes and on  BB. ADDRESS  18 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	that I last saw the the date stated above.
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR APR 191952	SIGNATURE	25. FUNERAL DIRECTOR OF	ADDRESS
VS 150	52/32		



7.	5	5
2	37	56

# CERTIFICATE OF DEATH Registered No. 3756

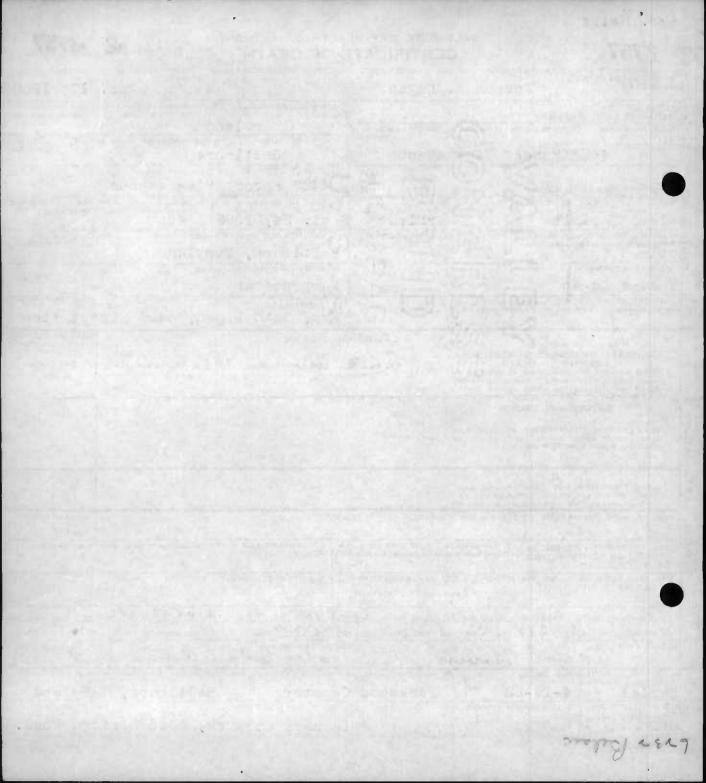
BIRTH NO.	- OF BEXTII				
NAME OF DECEASED	2. DATE // 1. C.2				
MRS WILLELINA DIEKMANN	OF 4-16-52				
8. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)  BALTIMOTE				
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
INSTITUTION	township)				
CHURCH HOME + HOSPITAL	D. STREET ADDRESS (If rural give location)				
Mos.					
ngth of stay in Baltimore Days	199 1 14014 011 11 11 6				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years if Under 1 Year   If Under 24 Hours   Min.				
F W WIDOWED	Sept. 21, 1863 88				
IOA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?				
House Wife	GERMANY USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
CALL Sheftler	(n/k.)				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	UNKNOWN				
Yes, no or anknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
NO NOME	CAUCHTER 1444 Holybild ANT				
18. 420.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY	0. 0				
(This does not mean the mode of dying, e.g.,	lear failure				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO					
$\wedge$	11 2				
ANTECEDENT CAUSES	inselecte H.D				
DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
(C)					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION   20, AUTOPSY?				
	Lec YES NO				
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., i	n nr   2 C. WHERE DID (If in Baltimore City, give exact location)				
LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg.,	n nr   2 C. WHERE DID (If in Baltimore City, give exact location)				
LYING OR CONTRIBUTING about home, farm, factory, street, uffice bldg., CAUSE OF DEATH	n ar 2 C. WHERE DID (If in Baltimore City, give exact location) injury occur?				
LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., cAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURR	n ar 2 C. WHERE DID (If in Baltimore City, give exact location) injury occur?				
LYING OR CONTRIBUTING about home, farm, factory, street, uffice bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	n ar 2 C. WHERE DID (If in Baltimore City, give exact location) injury occur?				
LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK	a pr 2 C. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?				
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 3	ED 21F. HOW DID INJURY OCCUR?    1				
LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 2 deceased alive on 1/4/5°2, 19 and that death occur	a pr 2 C. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?				
LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 1/4/5 19 and that death occur  23A SIGNATURE	ED 21F. HOW DID INJURY OCCUR?    1				
LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 1/4/5 19 and that death occur  23A SIGNATURE	ED 21F. HOW DID INJURY OCCUR?				
LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT NOT WHILE AT WORK  222. I hereby certify that I attended the deceased from deceased alive on 1/2, 19 and that death occur 23A SIGNATURE  M. D.	and 2 C. WHERE DID (If in Baltimore City, give exact location)  ED 21F. HOW DID INJURY OCCUR?				
LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on deceased alive on deceased alive on deceased alive on deceased from and that death occurred at the deceased from deceased alive on deceased deceased from deceased alive on deceased from deceased alive on deceased from deceased alive on deceased from deceased from deceased alive on deceased from deceased from deceased alive on deceased from de	ED 21F. HOW DID INJURY OCCUR?    1				
LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from deceased alive on deceased alive on deceased alive on deceased alive on deceased from and that death occur and that death occur and that death occur are supported by the support of the supp	The property of the course of				



15 Gr. Swiss

# BALTIMORE CITY HEALTH DEPARTMENT

2	175 RTH NO.	7		CERTIFIC	AT	E OF DEATH		Regist	ered No_	31	31
1.	NAME OF D		seph A	. Dugan			2	DATE OF DEATH	Apr.	17,	1952
	PLACE OF D Baltimore	EATH: City, Maryland				4. USUAL RESIDENCE	E (Wher				residence e admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street addr	ess or			side sernere	eo limités	mia DIID	AL and give
11/	4423 Forest View Avenue				Balti			76	- O	wnship)	
4					Yrs. Mos.	D. STREET ADDRESS					
C	ngth of s	tay in Baltimore	2 01101		Days	4423 Fores					
	ale	white		e, married, /ED, divorced (s married	specify)			last birthd	ay) Month		H Under 24 Hours Iours Min.
10	A. USUAL OC	CUPATION (Give kind of	10B. KINE	OF BUSINESS		11. BIRTHPLACE (State		n country)	12	. CITIZE	
	letired	of working life, even if retired)	C &c	P	STRY	Baltimore,	Mary	land		WHAT	COUNTRY
13	FATHER'S			TEL.CO.		14. MOTHER'S MAIDE					Tenant
-	Thomas					Mary Nester	2			T. 1	
(Ye	a, no or unknown)	ED EVER IN U, S. ARMEI (If you, give war or dete	of service)	16. SOCIAL SECURITY I	NO.	Mrs. Ruth D	Dugan	, 442	3 For		View
IFICATION	(This does heart failu injury or DISEASE:	EE OR CONDITION LEADING TO DEA: not mean the mode ore, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) (ING CONDITION LA	TH  of dying, e.g  ns the diseas  caused death  GES  F ANY, GIVIN  STATING TH	e, .) DUE TO (B)		l lorowan	vec	·lem	où.	30	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CERTI	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D							
				FINDINGS OF	OPER	RATION				20. AL	JTOPSY?
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (arm, factory, street, office			(If in	Baltimore	City, give	1	
Σ	21b. TIME INJURY	(Month) (Day) (Year)			WHILE		JURY O	CCUR?	1		
	22. I hereb	y certify that I att	ended the	deceased from_	an	rred at 1 A.m., fro	o ar	auses and	, 1952, th	hat I la	st saw the
	23A. SIGNA		Www.	· M. (	2	6 282 Bel				3c. DAT	E SIGNED
24	AA. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE						ATION (City	y, town, or	T	(State)
	Burial	4-19-5			bc	Cemetery		ltimo			and
LC	APRICEIVE		town W	IRE	2	Leonard J. R		5305		ord I	Road.
=	VS 150	d		69	03						
				1							

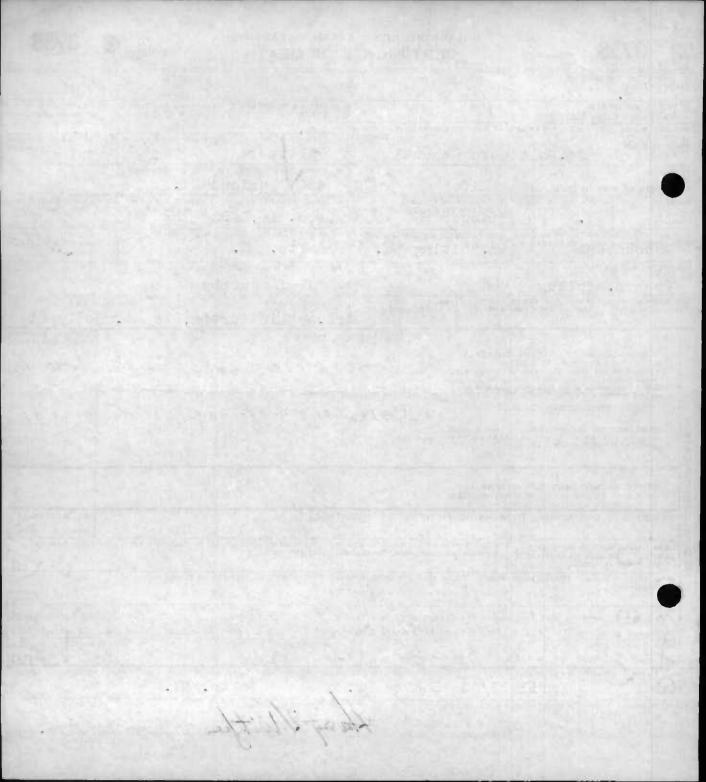


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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 3758

BIRTH NO.	10		CERTIFICATI	E OF DEATH	Registered	No	
1. NAME OF D (Type or Print)	ECEASED Edrie	01/e	4		2. DATE OF DEATH	17/52	
3. PLACE OF D A. Baltimore ( B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland		ion, give street address or location)	4. USUAL RESIDENCE (A. STATE  C. CITY OR TOWN (Baltimore	Where deceased lived, I B. COUNTY	before	admission)
congth of s	tay in Baltimore	Lif	Yrs.	d. STREET ADDRESS (I	FN -		
s.sex Male	6. COLOR OR RACE	Widow		Dec. 15,189		Ionths Days H	
ACCOUNT	CUPATION (Give kind of Gworking life, even if retired)	Wm. Wh		Balto. Md.		WHAT	N OF COUNTRY?
	. Tolley		HAROWARD (R)	Annie Murp			
You, no or unknown)	ED EVER IN U. S. ARME (If you, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	rs. Leslie Cur			St L BETWEEN
(This does heart failt injury or DISEASE RISE TO 1	SE OR CONDITION LEADING TO DEA's not mean the mode of tre, asthenia, etc. It mee complication which of ANTECEDENT CAUS S OR CONDITIONS, ITHE ABOVE CAUSE (A) YING CONDITION LA	TH  of dying, e. g  ons the diseas  caused death  SES  F ANY, GIVIN  STATING TH	(B) Care	inome-of-th			
TRIBUTING	SIGNIFICANT COND TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D				
19A. DATE (	OF OPERATION O	98. MAJOR	FINDINGS OF OPER	PATION		YES L	NO D
LYING O CAUSE OF  ZID. TIME INJURY  22. I hereb deceased a	(Month) (Day) (Year	(Hour) m. tended the	1 1 2	21f. HOW DID INJUF 21f. HOW DID INJUF		Sithat I la:	st saw the
24A. BURIAN. JION, REMOVAL (S BULLAL	CREMA- Specify) 248. DATE April	21/52	Loud on Pk.	RY OR CREMATORY 24D.			(State)
DATE RECEIVE	TRAR	s SIGNATU	illeaugh, Marie	5. FUNERAL DIRECTOR	4101 Edmon	ADDRESS	0
VS 150			000	6N	*		



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Charles Morrisset April 17, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland (If outside corporate her ts, west RUMAL and give C. CITY OR TOWN INSTITUTION Baltimore City Hespitals
4940 Eastern Avenue township) Bal+imore D. STREET ADDRESS (If rural, give location) Yrs. Life 11 S. Stricker Street ngth of stay in Baltimore Days 9. AGE (In years | ff Under I Year last birthday) | Months Days | Hours | Min. 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Mala Divorced 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. H. 4940 Eastern Avenue Records: B. NTERVAL BETWEEN 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Heart Disease several (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, years injury or complication which caused death.) DUE TO Heart Failure Pulmonary Edema 24 hours ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 4-16-52, 19 to 4-17, 1952, that I last saw the 22. I hereby certify that I attended the deceased from\_ 52, and that death occurred at 6 Am., from the causes and on the date stated above. dcccased alive on\_ 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 4940 Eastern Avenue 4-17-52 24A. BURIAL. CREMA-24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or county)

irrial

DATE RECEIVED BY

LOCAL REGISTRAR

TION, REMOVAL (Specify)

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

ADDRESS

VS 150

front of till magne the Char. H. Merrandett ap 14/52 haston

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered No. 3760

BIRTH NO.	OF DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE
Pennington, Betty Markel	DEATH April 16, 1952
3. PLAČE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RUINAL and give
NODDIUDON S+ I sample	township)
St. Joseph's	o. STREET ADDRESS (If rural, give location)
Ingth of stay in Baltimore 50 vr. Days	907 S. Paca St.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	B. DATE OF BIRTH 9. AGE (In years     Under   Year     Under 24 Hours
Who Widowed (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?
13. FATHER'S NAME	Frederick, Maryland 14. MOTHER'S MAIDEN NAME
Joseph J. Walling	aura J. Staley
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	I. Wilson Pennington, 907 S. Paca St
10 11 501	
770	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g.,	bral hemorrhage
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	
	mtangira anndiaraganlam dia-
DISEASES OR CONDITIONS, IF ANY, GIVING	rtensive cardiovascular dis-
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ease
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A, DATE OF OPERATION _ 19B, MAJOR FINDINGS OF OPERA	ATION   20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., et	YES NO
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., in	or   21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., et CAUSE OF DEATH	tc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
	il 16 , 1952, to April 16 , 1952, that I last saw the
deceased alive on April 16 19 52 and that death occur	red at 6:30 pm., from the causes and on the date stated above.
	3B. ADDRESS   23c. DATE SIGNED
1 1 1 2 2 2 3 1	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	Thom N Caroline St 140mil 16 Wo
	11:00 N. Caroline St. Poril 16. 52 RY OR CREMATORY   240. LOCATION (City, town, or county) (State)
THON, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Upr. 21/52 Mt. Olivet	Cemetery Frederick, Id.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Cemetery Frederick, Id.  25 FUNERAL DIRECTOR  ADDRESS
DATE RECEIVED BY I REGISTRAP'S SIGNATURE	Cemetery Frederick, Id.

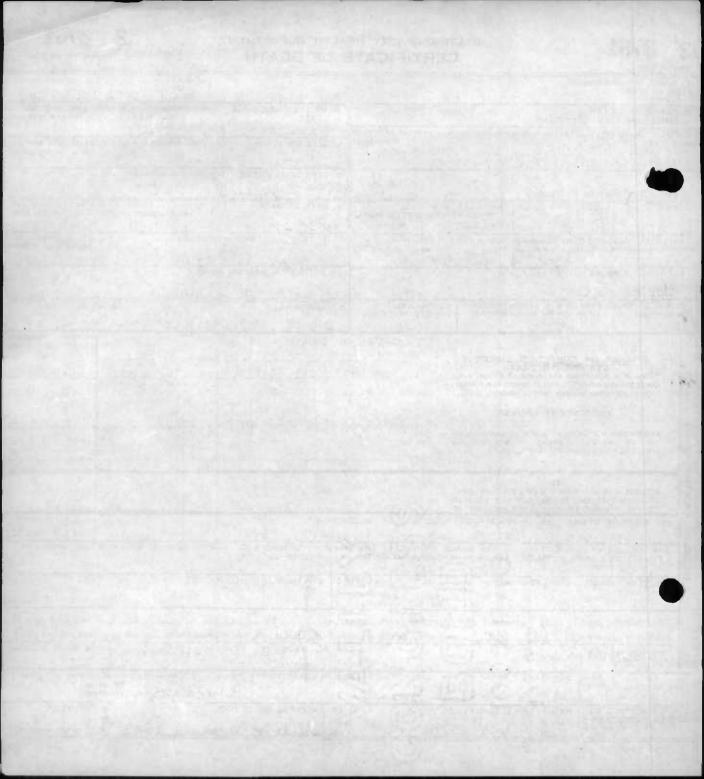
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#### BALTIMORE CITY HEALTH DEPARTMENT

52 3761 Registered No-

CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) April 18, 1952 Edward Dalton DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or Illinois B FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give US Public Health Service Hosp. township) Chicago Wyman Park Dr. & 31st St. D. STREET ADDRESS (If rural, give location) Yrs. 709 Diversey Street c. Len, 1 of stay in Baltimore Days 9. AGE (In years | | Under | Year | last birthday) | Months: Days 8. DATE OF BIRTH If Under 24 Hours 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) Hours Min. 12-22-02 white Married 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY? work done during most of working life, even if retired) Fireman Seafaring Chicago, Tllinois
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Dalton Winifred McLoughlin 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown) Records, US PHS Hospital. Baltimore. Md. Yes WW 11 Inknown INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Unknown (A) Rheumatic valvulitis inactive with (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, pur to mitral stenssis injury or complication which caused death.) ANTECEDENT CAUSES Rheumatic heart disease, inactive CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL YES Mitral stenosis and calcification 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) 21F HOW DID INJURY OCCUR? WHILE AT 22. I hereby certify that I attended the deceased from Mar 18 . 19 52 to Apr 18 , 1952 that I last saw the 1952, and that death occurred at 9:25P m., from the causes and on the date stated above. deceased alive on Apr 18 238. ADDRESS 23c. DATE SIGNED 230 SIGNATURY CL US PHS Hospital, Maryland Raltimore. conald S.A.Surgeon M. D. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TIPH REMOVAL (Specify) Dural 4-53-23 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE Depurate



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No....

52 3762

I. NAME OF DECASED (Try or Print)   RAYMOND   MILLER   2.0 ATE APRI   8.0 CALL   1.0 ATE APRI	В	RTH NO.	L OI BEATTI
Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, rive street address or HOSPITAL OR ) IN CUREST SANATHE CONTROL (C. CITY OR TOWN II double corporate limits, write RURAL and apply township)  S. SEX C. COLOR OR RACE 7. SINGLE EVARRIED Days  O. STREET ADDRESS of TOWN II double corporate limits, write RURAL and apply township)  S. SEX C. COLOR OR RACE 7. SINGLE EVARRIED Days  O. STREET ADDRESS of TOWN II double corporate limits, write RURAL and apply township)  J. S. SEX C. COLOR OR RACE 7. SINGLE EVARRIED Days  I. D. STREET ADDRESS of TOWN II double play Hours with downship)  J. S. SEX C. COLOR OR RACE 7. SINGLE EVARRIED Days  I. D. AND PORT OF BIRTH  J. J. C. CITY OR TOWN  J. D. STREET ADDRESS of TOWN II downship)  J. D. STREET ADDRESS of TOWN II downship)  J. S. WALL OCCUPATION (Greeked of 100. RIND OF BUSINESS OR CONDITION DIRECTLY  J. D. BIRTH-LACE (State or foreign country)  J. B. WALL OCCUPATION Greeked of 100. RIND OF BUSINESS OR CONDITION DIRECTLY  J. B. WALL OCCUPATION GREEKE PROVIDED THE SECURITY NO.  J. B. WALL OCCUPATION GREEKE PROVIDED THE SECURITY NO.  J. B. WALL OCCUPATION GREEKE PROVIDED THE SECURITY NO.  J. B. WALL OCCUPATION GREEKE PROVIDED THE SECURITY NO.  J. B. WALL OCCUPATION GREEKE PROVIDED THE SECURITY NO.  J. B. WALL OCCUPATION GREEKE PROVIDED THE SECURITY NO.  J. B. WALL OCCUPATION GREEKE PROVIDED THE SECURITY NO.  J. B. WALL DECREEKE CONDITION DIRECTLY  This does not mean the mode of dring, e. R., beart fallow, asthering the services of dring, e. R., beart fallow, asthering the services of the security of t			MILIEVA OF APPLIE
PROSPITAL OR PINE CREST STRATERIUM DISSTITUTION PINE CREST STRATERIUM DISSTITUTION PINE CREST STRATERIUM DISSTITUTION PINE CREST STRATERIUM DAY OF THE BIBBILL WITH SEMBLING T	A.	Baltimore City, Maryland	A. STATE B. COUNTY before admission)
Description of stay in Baltimore  5. SEX  6. COLOR OR RACE  7. SINGLE MARRIED  10. MARRIED  10. WIDOWED DIVORCED specify)  10. USUAL OCCUPATION (Grahade)  10. KIND OF BUSINESS OR  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY.  13. FATHER SIMME  14. MOTHER'S MAIDER NAME  15. WAS DECRASED EVER IN U. S. ARRED FORCES;  (Ver, so or anshorm)  15. WAS DECRASED EVER IN U. S. ARRED FORCES;  (Ver, so or anshorm)  16. SOCIAL  TO READ TO THE SECURITY NO. THE SECURITY NO. THE SECURITY NO. THE SECURITY OF COUNTRY OF COUN		OSPITAL OP I	C. CITY OR TOWN If outside corporate limits, write RURAL and give
B. SEX C. COLOR OR RACE   7. SINGLE MARRIED   8. DATE OF BIRTH   12. ACCIDENT, SUICIDE, MARRIED   12. CITIZEN OF WHAT COUNTRY.   13. ACCIDENT, SUICIDE, MADOR ED.   14. MOTHER'S MADDERS   12. CITIZEN OF WHAT COUNTRY.   13. ACCIDENT, SUICIDE, MADOR ED.   14. MOTHER'S MADDERS   14. MOTHER'S MADDERS   14. MOTHER'S MADDERS   15. WAS DECASED EVER IN U. S. ARRED FORCES; (M. D. OF RACKOWS)   16. SOCIAL   17. INFORMANT   18. 3 4	G	Mos.	
WHAT COUNTRY  WHAT COUNTRY  WHO IS A MAN IN THE PROPERTY OF TH	5.	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min.
MATCHING TO THE ADDRESS IN THE INDICATE IN THE UNDERLYING CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DEATH BUT NOT REL	1C wor	done during must of working life eyes if retired)	
(1) Security NO.  SECURITY NO.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dring, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITIONS CONTRIBUTION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF OPERATION  TO THE DEATH, BUT NOT RELATED TO THE DEATH AND THE DEATH SUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DEATH SUT NOT	ú	Quattin mille	14. MOTHER'S MAIDEN NAME  Schall
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death, but to DISEASE OR CONDITIONS, IF ANY, GIVING NISE TO THE ABOVE CAUSE (A) STATING THE DISEASE OR CONDITIONS, IF ANY, GIVING NISE TO THE ABOVE CAUSE (A) STATING THE DID OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  130. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES NO MAILE NOT WHILE AT WORK NOT WHILE 23. SIGNATURE 23. SIGNATURE 24. NAME OF CEMETER YAR CREMATORY 240. LOCATION (CIty, town, or county) (State) DATE RECEIVED BY LEGISTRAR SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OF CONDITION (State) DATE REGISTRAR REGISTRAR SIGNATURE  VS 150  VS 150	1 5 (Ye	s, no or nuknown) (11 yes, give war or dates of service) SECURITY NO.	Raymand & Krielly 364-White
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  ANTECEDENT CAUSE  ANTECEDENT CAUSE  B)  CERE ORA ARTERIOS CLEPONI 19M. 14. S.  DISEASES OR CONDITIONS, IF ANY, GIVING MEET THE ARMY CONDITIONS OF CONDITIONS O		18. 334x and 481x CAUSE	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) SYATING THE DUE TO UNDERLYING CONDITION LAST.  (C) GENERAL ZED A RECISION SCORE CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  190. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 199. DATE OF OPERATION 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about boom, farm, factory, atreet, office bidge, etc.) INJURY OCCUR?  219. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 1NJURY OCCUR?  219. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  219. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from MARCh 21, 1951, to Apa' 18, 1952, that I last saw the deceased alive on Apa' 18, 1952, and that death occurred at 7. 25 m., from the causes and on the date stated above, 23c. DATE SIGNED 4, 1852  23a. SIGNATURE 23b. DATE 24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. ENERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. ENERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. ENERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. ENERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. ENERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. ENERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. ENERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. ENERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. ENERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. ENERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. ENERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. ENERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. ENERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR A		LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or About home, farm, factory, atreet, office bidg., etc.) 1NJURY OCCUR?  21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or About home, farm, factory, atreet, office bidg., etc.) 1NJURY OCCUR?  21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or About home, farm, factory, atreet, office bidg., etc.) 1NJURY OCCUR?  21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? INJURY OCCUR?  21A. ACCIDENT, SUICIDE. 21B. MAJOR FINDINGS OF OPERATION ACCIDENT About home, farm, factory, atreet, office bidg., etc.) 1NJURY OCCUR?  21A. ACCIDENT, SUICIDE. 21B. MAJOR FINDINGS OF OPERATION ACCIDENT ABOUT HOME CITY, give exact location) 1NJURY OCCUR?  21A. ACCIDENT, SUICIDE. 21B. MAJOR FINDINGS OF OPERATION ACCIDENT ABOUT HOME CITY, give exact location) 1NJURY OCCUR?  21A. ACCIDENT, SUICIDE. 21B. MAJOR FINDINGS OF OPERATION ACCIDENT AND	-ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
21a. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location)  21c. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. I hereby certify that I attended the deceased from MARCh 21, 195, to Apa, 18, 195, that I last saw the deceased alive on Apr. 18, 195, and that death occurred at 1.25fm., from the causes and on the date stated above.  23a. SIGNATURE  23b. ADDRESS  24a. (BURIAL, CREMA)  24a. DATE  24c. NAME OF CEMETERY OF CREMATORY  24d. LOCATION (City, town, or county)  25. FONERAL DIRECTOR  Centre Wall  25. FONERAL DIRECTOR  ADDRESS  VS 150	ERTI	OTHER SIGNIFICANT CONDITIONS CON	
21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE  AT WORK  22. I hereby certify that I attended the deceased from MARCh  deceased alive on April 18, 195, and that death occurred at 7.25 m., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  24A. BURIAL, CREMA.  TION AEMOVAL (Specify)  AV VISY  Centre Wall Common Centre Wall Common County)  DATE RECEIVED BY REGISTRAR'S SIGNATURE  LOCAL REGISTRAR  DRYD  VS 150	AL	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER	
216. TIME (Month) (Day) (Year) (Hour)  216. INJURY OCCURRED  217. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from MARCh 21, 195, to Apail 18, 195, that I last saw the deceased alive on Apail 18, 195, and that death occurred at 1.25 m., from the causes and on the date stated above, 23a. SIGNATURE  23a. SIGNATURE  23b. ADDRESS  23c. DATE SIGNED  24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or county)  24d. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or county)  25. FONERAL DIRECTOR  ADDRESS  VS 150  VS 150	<b>LEDIC</b>		m or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
deceased alive on April 18, 195, and that death occurred at 7.25 m., from the causes and on the date stated above,  23a. SIGNATURE  Melin N. Brilen M. D. 23B. ADDRESS  24a. BURIAL. CREMA 24B. DATE   24c. NAME OF CEMETERY OF CREMATORY   24d. LOCATION (City, town, or county) (State)  24a. BURIAL. CREMA 24B. DATE   24c. NAME OF CEMETERY OF CREMATORY   24d. LOCATION (City, town, or county) (State)  DATE RECEIVED BY REGISTRAR'S SIGNATURE   25. FONERAL DIRECTOR   ADDRESS    LOCAL REGISTRAR   REGISTRAR'S SIGNATURE   25. FONERAL DIRECTOR   ADDRESS    LOCAL REGISTRAR   ADDRESS   ADDRESS   ADDRESS   ADDRESS    VS 150	2	NJURY WHILE AT NOT WHILE	
23A. SIGNATURE  Melin N. Brilen M. D. 23B. ADDRESS  24A. (BURIAL, CREMA)  TION AEMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SIGNATURE  LOCAL REGISTRAR  VS 150  LOCAL REGISTRAR  VS 150  LOCAL REGISTRAR  LOCAL REGISTRAR  LOCAL REGISTRAR  LOCAL REGISTRAR  VS 150  LOCAL REGISTRAR  LOCAL REGISTRA		22. I hereby certify that I attended the deceased from MA deceased alive on April 18, 1952, and that death occur	red at 7.25 m., from the causes and on the date stated above.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR Huntington White was a consist of Cick + 3 as Haifing		23A. SIGNATURE	238. ADDRESS 17 1 23c. DATE SIGNED
VS 150	TI	Burn 4/v x/5 V Centre Va	Centre Wall Pa
VS 150 075 85		CAL DECISEDAD	decreed to rick + 3 as Harful
	-	VS 150	RS / M

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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UG	UITUU
egistered No	

BI	BIRTH NO.								
	NAME OF DE	albert	1 harse	herzer		OF DEATH	il 19-52		
A.		ity, Maryland 4		words	4. USUAL RESIDENCE ()	B. COUNTY	before admission)		
HC	FULL NAME OF SPITAL OR STITUTION	OF (If not in hospit	al or institution, g	rive street address or location)	c. CITY OR TOWN // (]	outside corporate lin	its, write RURAL and give		
					Balten	ine 21	0-0 2 township)		
C	hgth of st	ay in Baltimore	10	Yrs. Mos. Days	o. STREET ADDRESS	rural, give location)	inl		
5.		6. COLOR OR RACE	7. SINGLE, MA		8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under I Year H Under 24 Hours Months Days Hours Min.		
10	A LISUAL OCC	CUPATION (Give kind of	Wi	done	11. BIRTHPLACE (State or f	90	140 61717511 65		
vork (	done during most of	working life, even if retired	Rai	BUSINESS OR INDUSTRY	Tenn		12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S N.	AME VAGARO	lesse		14. MOTHER'S MAIDEN N	AME			
15	WAS DECEASE	DEVER IN U. S. ARMET	D FORCES? 1/16	SOCIAL	17. INFORMANT	/	ADDRESS/		
(Y 04	, ho or unknown)	(If yes, give war or date	e of service)	SECURITY NO.	Elle Cars	6 47	21 Stanton.		
1	18. 442	Х .		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEAS	E OR CONDITION	DIRECTLY	-	· · · · · · · · · · · · · · · · · · ·	1 - 1	ONSET AND DEATH		
	(This does	not mean the mode of	of dying, e.g.,	(A) acul	1 wy ocardis	1 mont -	3 days		
	heart failur injury or	e, asthenia, etc. It mea complication which c	ns the disease, caused death.)	DUE TO	- /- fice	uney/	/		
	,	ANTECEDENT CAUS	SES	OTO THE	, ,	1 - di	2		
z	21071050	OR COMPUTIONS		(B) Care	40- Keny -Nos	miles are	aug -		
띩	RISE TO TH	OR CONDITIONS, I	STATING THE	OUE TO					
V	UNDERLY	ING CONDITION LA	IST.	(C)		******************************			
Ē,									
님		GNIFICANT CONDI							
빙		TO THE DEATH, BUT							
	19A. DATE OF	OPERATION 0 1	98. MAJOR FIN	IDINGS OF OPER	RATION		20. AUTOPSY?		
Y							YES NO		
MEDI	LYING OR CAUSE OF D	ENT WAS UNDER- CONTRIBUTING	about home, farm, fa	OF INJURY (e. g., i actory, street, office bldg.,	n or 21C. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City	, give exact location)		
	21D. TIME ()	Month) (Day) (Year)	WHILE			Y OCCUR?			
	22 I bomohe	andiforthat I and	m.   wor	0.	ril (V 100/V10)	Smil (9 10	What I last own the		
_		certify that I att	tended the dece	eased from a		April (9, 19	Yhat I last saw the		
		ve on April 19	tended the dece	eased from age		April (9, 19 he causes and on	the date stated above.		
	deceased ali	ve on April 19	tended the dece	eased from age	rred at 17 15 Pm., from t	April (9, 19) he causes and on word are.	the date stated above.		
	deceased ali 23A. SIGNAT A. BURIAL, C	ve on April (9) URE L CO REMA- 24B. DATE	tended the dece 1, 19 Y and	that death occur	rred at 12 15 Pm., from to 23B. ADDRESS. Kern	he causes and on Cow Cow.	the date stated above.		
DA	deceased ali 23A. SIGNAT A. BURIAL, C N, REMOVAL (SI	Ve on April (9)  REMA- 24B. DATE  Scify)  BY REGISTRAR	tended the deco	that death occur	rred at 17 16m., from 123B. ADDRESS 447 U. Kenner (RY) CREMATORY 24D. L	vord an.	the date stated above.		
DA	deceased ali 23A. SIGNAT A. BURIAL, C	Ve on April (9)  REMA- 24B. DATE  Scify)  BY REGISTRAR	tended the dece 1, 19 Y and	that death occur	rred at 12 15 Pm., from to 33. ADDRESS. Kern	vord an.	the date stated above.    23G. DATE SIGNED   17 (7) (State)		

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3764

	012	, , , , ,		CERTIFICAT	F OF DEATH	Registered	l No.
ВІ	RTH NO.			CERTII ICATI	L OI BEATTI	· ·	
	NAME OF D ype or Print)	ECEASED HA	RRY	PASENK	ER	2. DATE OF DEATH	119/52
	PLACE OF D Baltimore (				4. USUAL RESIDENCE A. STATE	(Where deceased lived, B. COUNTY	If institution: residence before admission)
H	FULL NAME DSPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate lin	mits, write RURAL and give
111		SINA; No	SP		Baleino	ne /5	- 0 4 township
c	egth of s	tay in Baltimore	15	Yrs. Mos. Days	D. STREET ADDRESS ( 2214 Walbroo		
5.	SEX	6. COLOR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (in years last birthday)	# Under 1 Year Months Days Hours Min.
	m	u	M	APRICD	Aptil 10,1910	42	
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY
	TAXI	DRIVER	EMPZ	LOYEE	Germany		usa.
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
	Max Pas	enker			Sarah Selig		
15 (Ya	. WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(10	, no or unanown)	(11 you, give was or dues	01 201 120)	SECURITY NO.	Lena Pasenker	2214 Walbro	ok Ave
CERTIFICATION	heart failu injury or DISEASES RISE TO T	int mean the mode of tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	ns the disease aused death SES F ANY, GIVING THE	DUE TO	have Esca	ومد کی	
CERTI	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED			
٦	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20, AUTOPSY?
MEDICA	21A. ACCID LYING OF CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	2 1B. PL./ about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	a or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	y, give exact location)
2	21D, TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJU	IRY OCCUR?	
		y certify that I att			fan , 19.52 to rred at 12 2 2m., from		52 that I last saw the the date stated above
	23A. SIGNA	Toles (a)	den	м. D.	SIB. ADDRESS	Beltom	23c DATE SIGNED
Z. TI	AA. BURIAL, ON, REMOVAL (S	Specify)			etery Rogers Ave		
	ATE RECEIVE	D BY   REGISTRAR			25. FUNERAL DIRECTO	R	Nott and

VS 150

68254

BIRTH NO.			CERTIFICATI	OF DEATH	Registered	NO		
1. NAME OF D (Type or Print)		AMUEL I	FRIBUSH		2. DATE OF DEATH 4-	18-52		
	City, Maryland			4. USUAL RESIDENCE (		f institution :	residence ore admissio	
B. FULL NAME HOSPITAL OR INSTITUTION			ntion, give street address or location)		If outside corporate lim	its, write RU	RAL and gi	
	810 Brook	s Lane	Yrs.	Baltimore	/ _	3-01		
	tay in Baltimore	45 y	Mos	810 Brooks Lan				
Male	6.COLOR OR RACE	WIDO	LE. MARRIED. WED, DIVORCED (Specify) rried M.	March 1,1884	9. AGE (In years last birthday) M	if Under   Year Ionths Days	H Under 24 Hou Hours Mi	
ork done during most o	CUPATION (Give kind of of working life, even if retired)		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZ	EN OF COUNTR	
Retire		Cloth	ning Mfg.	Russia		US.A.		
			70147-500000	14. MOTHER'S MAIDEN	NAME			
	hilip Fribush			Unknown				
(es, no or unknown)	D EVER IN U. S. ARMEI (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
				Mrs. Bertha Fri	bush 810 Br	ooks La	ne	
(This does heart failu injury or DISEASES	EE OR CONDITION LEADING TO DEAT not mean the mode of re, asthonia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, III HE ABOVE CAUSE (A) ING CONDITION LA	TH f dying, e. ns the disea aused deat ES F ANY, GIVI STATING T	E., (A) DEEL (Se, h.) DUE TO CAPE	nerative Carlinative Carlinati	io-versala and byperts hamboni	ONSET	AL BETWEE	
TRIBUTING TO THE DI	II IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION F OPERATION	NOT RELAT	ED III CIC	tes mell	litus	20. A	UTOPSY7	
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in ,farm,factory,street,office bldg.,et		(If in Baltimore City,	give exact l		
21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE		RY OCCUR?	1,5,1		

19.46 to\_ 4-18; 19 5 that I last saw the 22. I hereby certify that I attended the deceased from . 1952 and that death occurred at 7.10 Am., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE

23B. ADDRESS 23c. DATE SIGNED

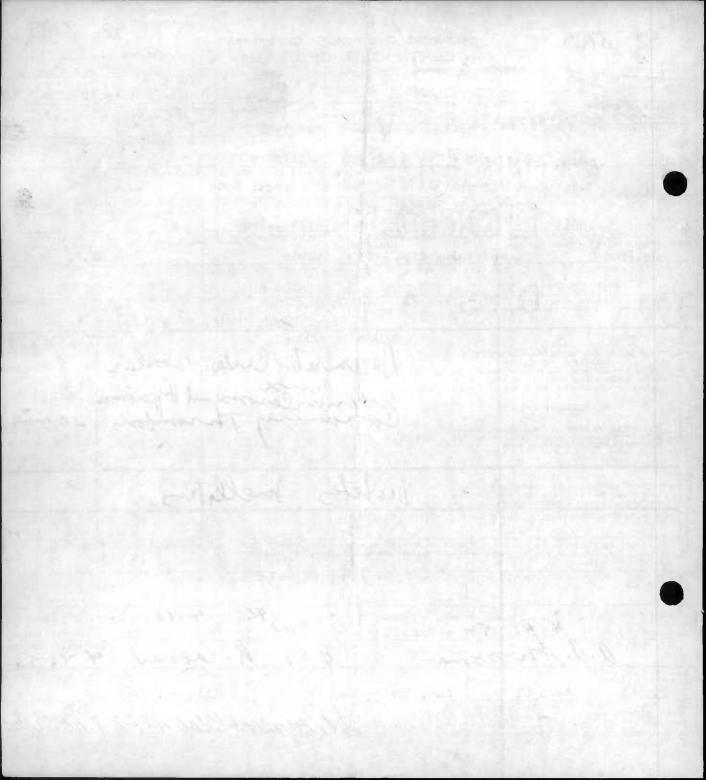
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 4-20-52 Bnai Israel Cemetery

REGISTRAR'S SIGNATURE

DATE RECEIVED BY

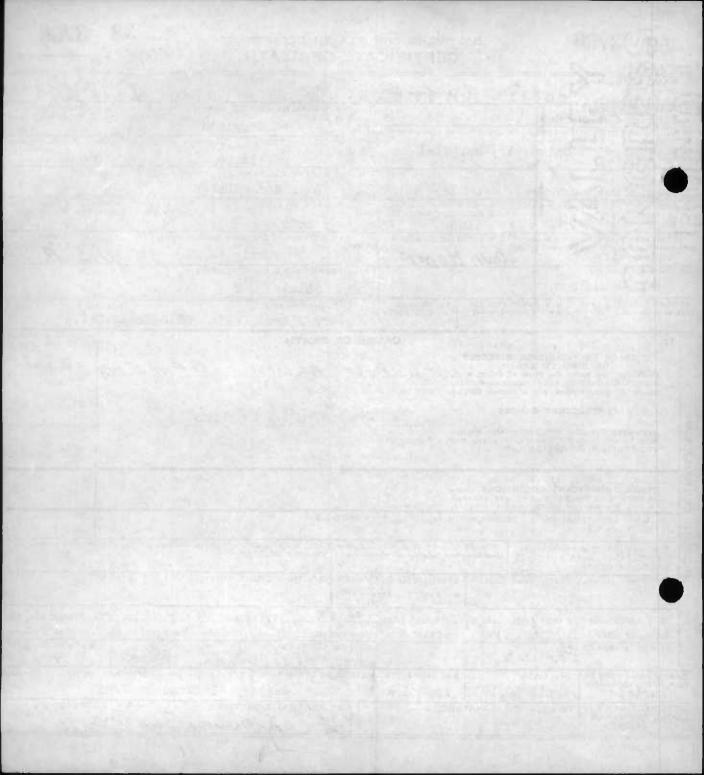
Baltimore, Maryland

VS 150



C	00							
	52	2766	BALTIMOR	E CITY HE	ALTH DEPARTMENT	. 5	2 37	66
	JE .	3,00	CERT	TIFICATE	OF DEATH	Registered	No.	
_	NAME OF E	DECEASED				2. DATE		
	ype or Print)		JAFA	FE-		OF DEATH 4	-19-5	2
	Baltimore	City, Maryland			4. USUAL RESIDENCE (	B. COUNTY		residence e admission
В.	FULL NAME		al or institution, give s	treet address or	Maryla		24	A.T
IN	OSPITAL OR	Univers	ity Hospital		C. CITY OR TOWN (S	outside corporate lim	- 2 0	township
1				Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)		
		stay in Baltimore	60 Yrs	Days	3313 Menlo Di			
_	emale	White	7. SINGLE, MARRI WIDOWED, DIVO Widow	ED. DRCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) N		Hours Min.
		CUPATION (Give kind of of morking life, even if retired)	10B. KIND OF BUS	INESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZE	N OF COUNTRY
	House W	116	Own Hom		Russia		0.5.	P.
13	FATHER'S	NAME amuelson			14. MOTHER'S MAIDEN I	VAME		
1.6			5000500 140 50		Goldie ?			
(Ye	e, no or uuknown	ED EVER IN U. S. ARMEI (If yes, give war or date		CURITY NO.	Mrs Albert Lev	A CONTRACTOR OF TAXABLE PARTY.	ADDRESS lo Drive	
CERTIFICATION	heart fail injury or DISEASE RISE TO	LEADING TO DEA: s not mean the mode of ure, asthenia, etc. It means the complication which of the complication which of the complication which of the complication which complication complication is not complicated by the complication of the complication of the complication complication is not complicated by the complication of the complication	of dying, e.g., (Ans the disease, aused death.) DUE SES FANY, GIVING STATING THE DUE ST.	то	OCARDIAC.			
CERTIF	TRIBUTIN	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED					
	19A. DATE	OF OPERATION O	98. MAJOR FINDIN	IGS OF OPER	ATION		20. A	UTOPSY?
<b>IEDICAL</b>		DENT WAS UNDER- PR CONTRIBUTING	21B. PLACE OF I about home, farm, factory			(If in Baltimore City,	, give exact le	ocation)
Σ	D. TIME INJURY	(Month) (Day) (Year)	(Hour) 21E. INJU	URY OCCURRI	21F, HOW DID INJUI	RY OCCUR?		
	22. I here	by certify that I at		ed from 4	-19 2, to	¥ 7/9 , 19-	5, that I lo	ist saw th
	deceased o	ilive on 1/-19		t death occur		the causes and on		
	23A. SIGNA	Tyre Hew	r.	M. D.	3B. ADDRESS	to the	23c. DA	TE SIGNED
	4A. BURIAL. ON REMOVAL			ME OF CEMETE		Baltimore	Md	(State)
	OCAL REGIS	TRAR	S SIGNATURE	uus Mi	25 SUNERAL DIRECTOR	now Bus	Nut	1/264

VS 150



CORRECTION 5/1/5	ES ES
52 3/6/ BALTIMORE CITY HE	EALTH DEPARTMENT
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED FANNIE KAPI	AN 2. DATE OF DEATH 4-18-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	p ma
INSTITUTION 3506 Seguoia ave	c. CITO OR TOWN (If outside corporate limits, write RURAL and give township)
ength of stay in Baltimore  Yrs.  Moss. Days	D. STREET ADDRESS (If rural, give location) 3506 Selfusia ave
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years il Under Veer Months: Days Hours Min.
10A., USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
House wefe	All.
West and the same	14 MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yos, no or unknown)   (If yos, give war or dates of service)   SECURITY NO	17-INFORMANT / ADDRESS
(I'es, no or unknown) (I'I yes, give war or dates of service) SECURITY NO.	Louis Kahlaw - Bame
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	risatory failure conser and death conservations conservations serosal surfaces.
OTHER SIGNIFICANT CONDITIONS CON- HINDER TO THE OBJECT OF	
. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., about howe, farm, factory, street, off	u or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
2 D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURR INJURY  WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Z	-14, 19/2, to 4-18, 19/2, that I last saw the
deceased alive on 4-18, 19 and that death occur	red at TEFm., from the causes and on the date stated above.
Leserard C Ochrean M.D.	803 Cartedial S1. 4/18/52
24A, BURIAL, CREMA- TION, REMOVAL (Specify) 4-20-12 NOX911119	RY OR CREMATORY 24D. LOCASTON (City, town, of county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAM  APR 201352 Huntington Williams, M. J.	25. FUNERAL DIRECTOR ADDRESS WELL have the 2100 Culow Pl
VS 150	

Alar 13 9 Trans See Document File 52-3767 5/1/52 ES

217/20

	52	3700	BAI	CERTIFICATI	ALTH DEPARTMENT	Registered	C 3/08	
BIRT	TH NO.			CLICITI ICATI	- OI DEATH			
	AME OF Di		ette-S.	Lawrence		2. DATE OF DEATH	1/18/52	
	LACE OF DI altimore C	EATH: City, Maryland			4. USUAL RESIDENCE (	Where deceased lived.	If institution: residence before admission	
HOS	PITAL OR			cion, give street address or location)	Maryla c. CITY OR TOWN (I Baltimore	look blak	nits, write RURAL and giv township	
	oth of st	ray in Paltimana		Yrs. Mos.	D. STREET ADDRESS (II	rural, give location)  Ave., Eden	Wannaga 20	
5. SI		ay in Baltimore 6. COLOR OR RACE	WIDOW	Days E. MARRIED, VED, DIVORCED (Specify) arried	8. DATE OF BIRTH 3/3/79	TO ACE IIN MORNO		
10A.	USUAL OCC	CUPATION (Give kind of f working life even if retired) UBOWITO		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i		12. CITIZEN OF WHAT COUNTRY	
George (Seere) C. Sucro					14. MOTHER'S MAIDEN NAME Elizabeth (isemberber) Weisenberger			
15. Yes, n	WAS DECEASE to or unknown)	D EVER IN U. S. ARMED (If yee, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Arthur L	awrence Husb	ADDRESS and Same	
FICATION	(This does heart failur injury or DISEASES RISE TO TH	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	'H f dying, e. g ns the diseas aused death ES FANY, GIVIN STATING TH	S-, (A)	of DEATH yeardial Infarct	ion	ONSET AND DEATH	
CERT	TRIBUTING	II GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED				
AL.	9A. DATE O	F OPERATION 0 1	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
	21A. ACCIDE LYING OR CAUSE OF E	ENT WAS UNDER- CONTRIBUTING		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City	, give exact location)	
	INJURY	Month) (Day) (Year)	m.	21E. INJURY OCCURRE WHILE AT WORK AT WORK				
	22. I hercby leceased al	certify that I att	ended the	dcceased from 4	- 19 , 1952, to red at 6.15 pm., from 1	the causes and on	f2, that I last saw th	
	3A. SIGNAT		ti	2	30. ADDRESS Bon Servin H V		23c. DATE SIGNED	
24A.		REMA- 248. DATE			RY OR CREMATORY 24D. L		vn, or county) (State)	

Loudow Gats

VS 150

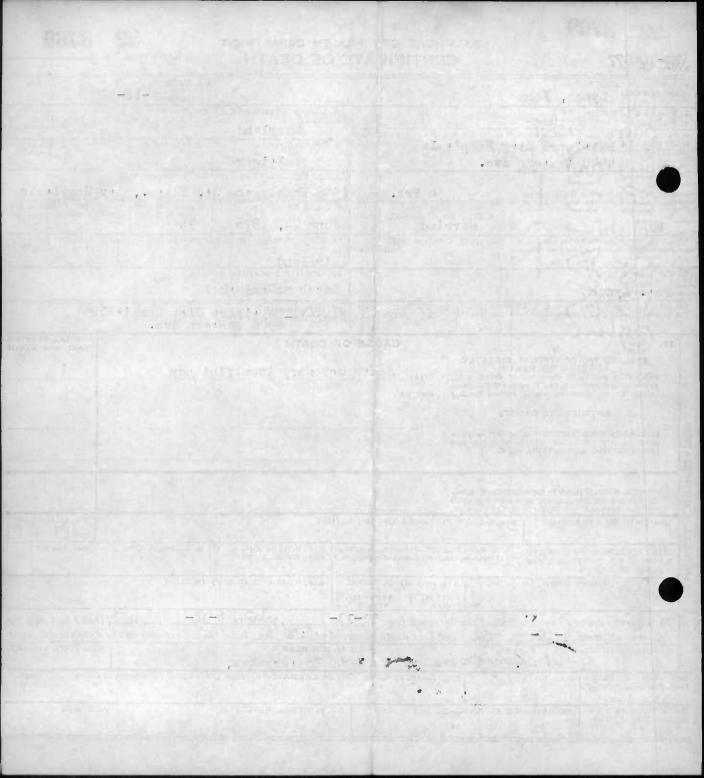
Hone Queak 4. 1158 Loudend Post Bult. mil Leave to Fully It the first plats

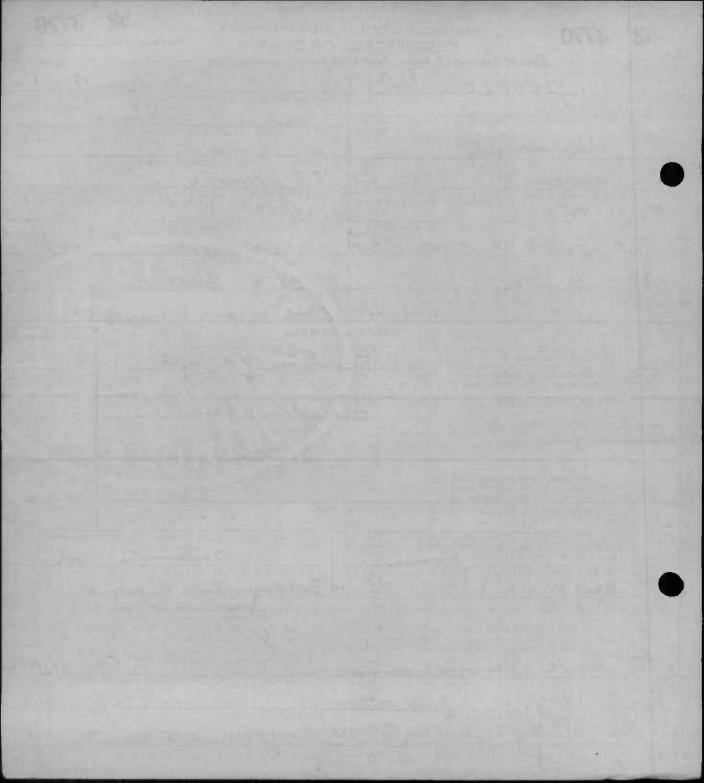
BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

LA 1-42

52 3769
Registered No.

	MC-10607	7	CI	ERTIFICAT	E OF DEATH	Registered	No.	
	NAME OF D	Lynch, John		Sphalite	2. DATE OF DEATH 4-18-52			
A.		EATH: City, Maryland OF (If not in hospite			4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)			
HO IN	SPITAL OR	Baltimore Cit 4940 Eastern	y Hospita	location)	c. CITY OR TOWN  Baltim	(If outside corporate lin	nits, write RURAL and give township)	
-		tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRES	SS (If rural, give location)	Homiasls	
	SEX W	6.COLOR OR RACE	7. SINGLE, M	ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH  June 24, 18	9. AGE (In years last birthday)	If Under 1 Year Months Days Hours Min.	
10 worl	A. USUAL OC	CUPATION (Give kind of orking life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S	NAME	d	<b>/</b>	Ireland 14. MOTHER'S MAI	DEN NAME	11.13.40	
	Pat. Ly	nch			Sarah McDon	ough?		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMED (If yes, give war or date	FORCES? 16	SECURITY NO.	17. INFORMANT + Records 4940	imore City Hospi Eastern Ave.	Appress	
	18. 420			CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	ÓISEAS (This does	LEADING TO DEAT not mean the mode of	H f dying, e.g.,	(A) Acute	coronary ins	ufficiency	7	
		re, asthonia, etc. It mea complication which c		DUE TO				
		ANTECEDENT CAUS	ES					
O		OR CONDITIONS, IN		(B)		***************************************	•••••••••••••••••••••••••••••••••••••••	
ERTIFICATION		ING CONDITION LA		(C)	***************************************	***************************************		
IFIC		11						
FR		IGNIFICANT CONDI			1			
ū		F OPERATION 1		NDINGS OF OPER	ATION		20. AUTOPSY?	
AL		7					YES NO	
1EDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		OF INJURY (e. g., i factory, street, office bldg.,			, give exact location)	
Σ	P. TIME	(Month) (Day) (Year)		. INJURY OCCURR		INJURY OCCUR?		
m. WHILE AT WORK AT WORK 122. I hereby certify that I attended the deceased from 11-13-, 1946, to 4-18-, 1952, that I last say								
		48.6	loger	M. D. 4	940 Eastern A			
Z/ TI	AA. BURIAL.	pecify)	240	0 7	1 1	24D. LOCATION (City, tow	vn, or county) (State)	
D	ATE RECEIVE		S SIGNATURE	Caire	25. FUNERAL DIRE	CTOR 1	ADDRESS	
	PR 201		ma Willia	MA MAR Q	Lelly + Ze	iler che. 4	03 S. Wolf St.	
	VS 150	7		6 -	70		0	

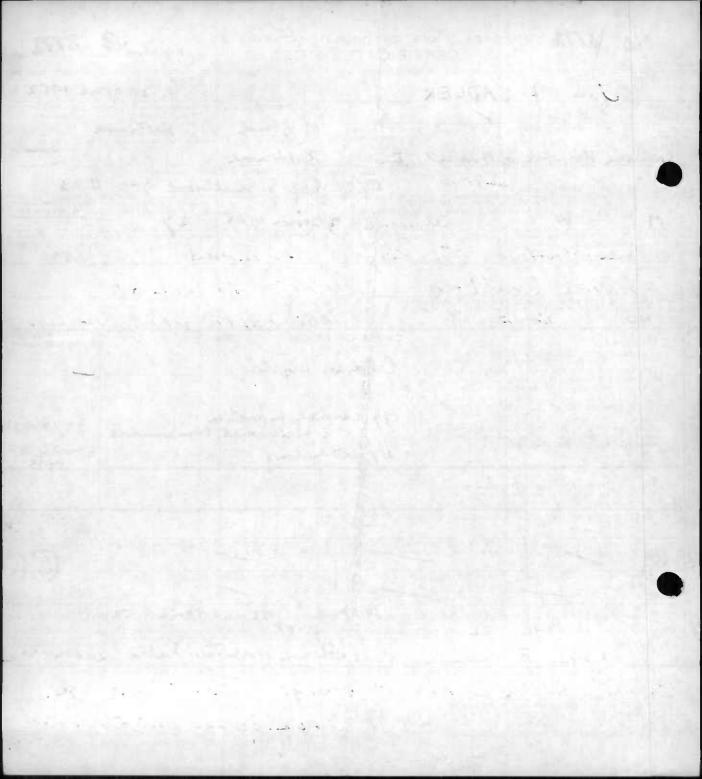




### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 20 April 1952 1. SADLER James 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Reltmore HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ntheran D. STREET ADDRESS (If rural, give location) Yrs. Mos. S. Smellwood c. Length of stav in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years I Under I Year Hours Min. WIDOWED, DIVORCED (Specify) DIVORCEd 3 narch 1948 IOA. USUAL OCCUPATION (Give kind of) 10s. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U.SA. 13. FATHER'S NAME YNOLds 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, on or unknowo) SECURITY NO. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., io pr 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ebout home, farm, factory, street office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? NJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from 19 April 1952 to 20 April, 1952 that I last saw the deceased alive on to howl, 1962 and that death occurred at4: fo Pm., from the causes and on the date stated above. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY JYRIAL NEW DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR FO.L. Schwab

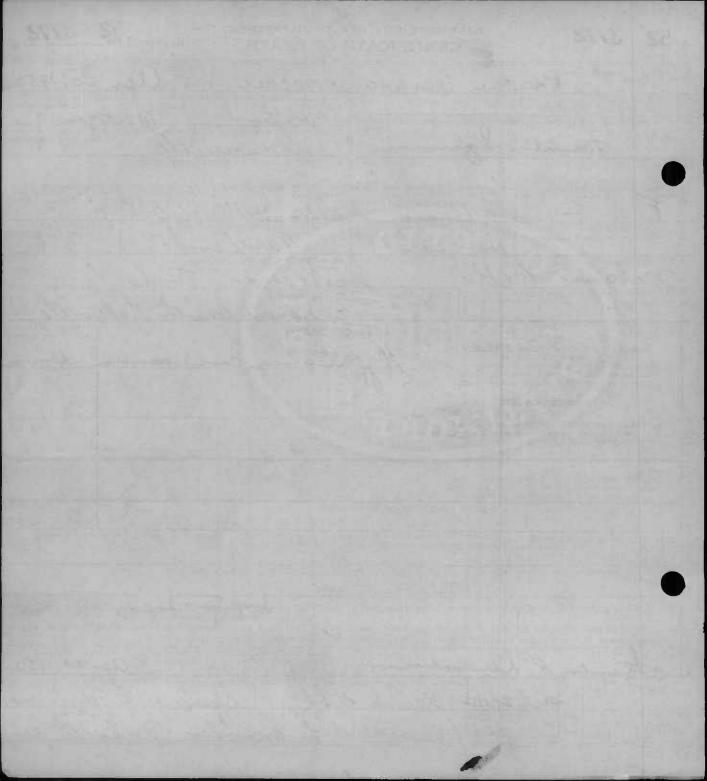
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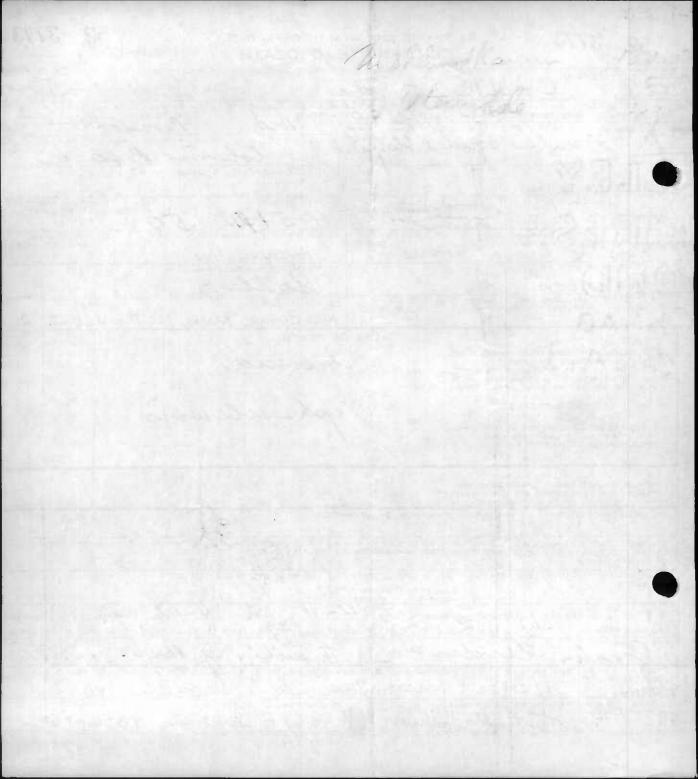


## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3772

BIRTH NO		CLICITICAT	L OI DEATH		
I. NAME (Type or Pr	of DECEASED PAC HE	L RELAND	CAMPBELL	2. DATE OF DEATH OF	20.1952
	OF DEATH: ore City, Maryland	L MELSINO	4. USUAL RESIDENCE (V		stitution: residence before admission
B. FULL N. HOSPITAL	AME OF (If not in hospital or in	nstitution, give street address or location)	Maryland	outside corporate limits,	write RURAL and give
INSTITUTI	Tranklin	quare	Spencer	ville,	township
Courth	of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	1,500 -
5. SEX	6. COLOR OR RACE   7. S	INGLE, MARRIED, IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		nder I Year   If Under 24 Hours ths: Days   Hours   Min.
104 115114	4	KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	16162	2. CITIZEN OF
	g most of working life, even if retired)	was keeker industry		end-	WHAT COUNTRY
13. FATHE	R'S NAME	0.	14. MOTHER'S MAIDEN N	- 0	/
	CEASED EVER IN U. S. ARMED FORCE		17. INFORMANT	/ aylon	DRESS .
(Yes, no or unk	nown) (If yes, give war or dates of serv	SECURITY NO.	Eleanar S	mith, Cal	emille )us
18. 4	43X	CAUSE	OF DEATH		INTERVAL BETWEEN
	SEASE OR CONDITION DIRE LEADING TO DEATH s does not mean the mode of dyir	Nala	estorino ca	di vasenta	disean
hear	t failure, asthenia, etc. It means the	disease,			
	ANTECEDENT CAUSES	V			
Z DISI	EASES OR CONDITIONS, IF ANY				
	TO THE ABOVE CAUSE (A) STATI DERLYING CONDITION LAST.	(C)			
0	II.				
TRIB	ER SIGNIFICANT CONDITION UTING TO THE DEATH, BUT NOT F	RELATED			
( )	THE DISEASE OR CONDITION CAUSE THE OF OPERATION 198. M.	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
A -		B. PLACE OF INJURY (e.g.,	in or   21c. WHERE DID (	If in Baltimore City, giv	YES NO L
UNDER		t home, farm, factory, street, office bldg.,		if in Baltimore Oity, give	ve exact location;
Z ID. TI	ME (Month) (Day) (Year) (Hour URY	21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR?	
22 1	antifor that I tank a large	m.   WORK AT WORK		. 4	41
	certify that I took charge of e evidence obtained by said		Authosy,	Inspection or Onquiry	thereon and from
an	d death in my opinion resul	lted from: natural cause	s 🔀, accident 🗀. suicide	□. homicide □, un	$determined \square$ .
23A. SI	Charles & Du	ulashur ,	23B. CHIEF MEDICAL ASSISTANT MEDICAL I.D. MEDICAL INVESTIGAT	EXAMINER	or 20.1852
24A. BURI	AU, CREMA- 2/B. DATE TAL (Specify)	24C. NAME OF CEMETE		OCATION (City, town,	r county) (State)
DATE REC	EIVED BY   REGISTRAR'S SIG	1957 Kound	Oak S	rencerulle	Monta nel
LAPR 2	619952 Huntington	~ Williams M.P.	R. L. Summer	line, Brok	will ned
** C 161	75	The state of the s	7	7 4 000	





## BALTIMORE CITY HEALTH DEPARTMENT

SIRTH NO.	)     -1		CERTIFICATI	E OF DEATI	Η 1	Registered N	No.
. NAME OF D Type or Print)	ECEASED PAUL	INE	SINGER		2. DA	>F ()	. 20 1952
Baltimore (	EATH: City, Maryland		EALE MA	4. USUAL RESIDE	В	ceased lived, If	institution : residence before admission
S. FULL NAME HOSPITAL OR NSTITUTION		al or instituti	on, give street address or location)  AVE	C. CITY OR TOWN		corporate limit	ts, write RURAL and give
c. Length of s	tay in Baltimore	VV	Yrs.	D. STREET ADDRE	CYLBUR	46	16
EMULE	6. COLOR OF RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AG	E (In years the birthday) Mo	M Under 1 Year M Under 24 Hours on the Days Hours Min.
OA. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	AUSTRI		ountry)	12. CITIZEN OF WHAT COUNTRY
REU BE	NAME			14. MOTHER'S MA	IDEN NAME		
5. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			DORESS ST
(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA' into mean the mode of	TH of dying, e. g ins the disease caused death. SES F ANY, GIVIN STATING TH IST.	(B) (C) (C)	arcinomo nanitivi	oster for	eilure Lorrac	1 Ayears  Smooths
TO THE D	ISEASE OR CONDITION	CAUSING 1		11			20. AUTOPSY?
LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH	about home, f	CE OF INJURY (e. g., i arm, factory, atreet, office bldg., 21E. INJURY OCCURR	etc.) INJURY OCCU			give exact location)
INJURY			WHILE AT NOT WHILE AT WORK				
deccased a	y certify that I att	tended the 1, 1952	and that death occur	red at 8:40a.m.	, from the cau	ses and on t	that I last saw the he date stated above
23A. SIGNA	mis K. M	sser	м. б.	4335 6	ich Prys	XXX	4/21/52
100, REMOVAL (S BURIAL	Specify) 4/21/5		WINGSOF MI	LL RD		LTO.	(State)
APR 21	RAR H	gton /	Miliaus, MP	25. FUNERAL DIR	Jone 2	100 Eu	Tew PL.
VS 150		)	634 ()				

Pa. Maren 9 a.m. Hatta 4335 Porth Hatta

543	52 3775
52 3775  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registr	ered No.
1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH	APR 19 1952
Baltimore City, Maryland Letter & Country & Co	
	te limits, write RURAL and give township)
Yrs. D. STREET ADDRESS (If rural, give located Mos. Days)  1/7 M, Bond Sa	ion)
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED Specify 8. DATE OF BIRTH 9. AGE (In yellow birthduse)	ears If Under 1 Year ay) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) ork done during ingest of working life, even if retired)  M. C. RAIL DESTRY  H. D. R. R. C. J. L.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  VEQ. (M)  14. MOTHER'S MAIDEN NAME  NARCE NAME  NARCE NAME	./
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT SECURITY NO. 18. SOCIAL SECURITY NO. 19. SECURITY	ADDRESS
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED  TRIBUTING TO THE DEATH, BUT NOT RELATED	Play
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.)   INJURY OCCUR?	City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE	
22. I hereby certify, that I attended the deceased from 4-17- , 1952 to 4-19-	d on the date stated above.  23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City Ellon, REMOVAL (Specify) 4 - 22-52	y, town, or county) / (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAD REGISTRAR  Huntington Williams M. 25. FUNERAL DIRECTOR  1. 13	OSA, Central are
VS 150 97042	

VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

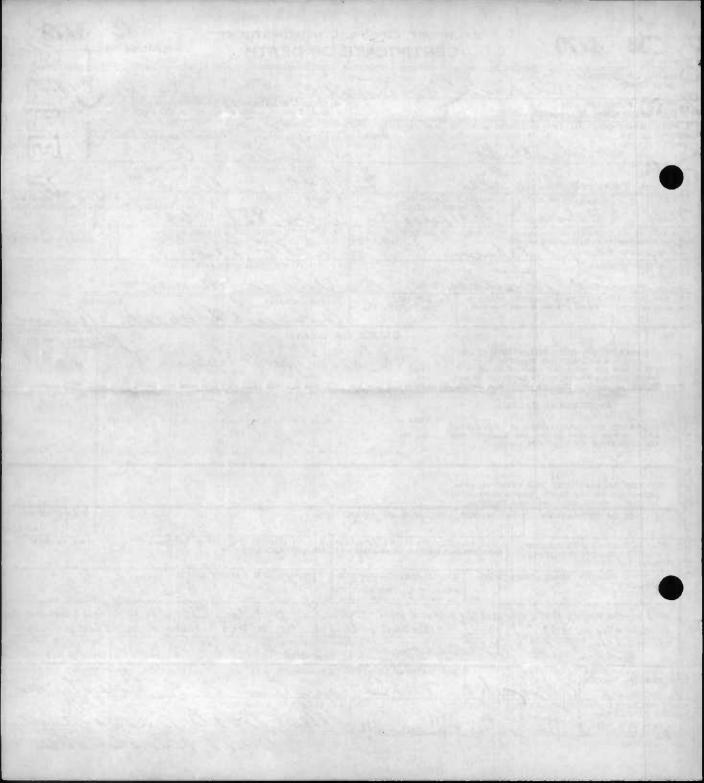
52 3777 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH OKS. 18 53)
S. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION TOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RDEAL and give township)
Yrs. Mos. Days	D. STREET ADDRESS (If mral, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WOOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years II Under I Year II Under 24 Hours Min.  Oct. 5. 1884  1 Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)  LAGORE	11. BURTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Coley	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no of unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOWKINS HOSPITAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	ingua of Osophaus 2-4 mo.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., c	a or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINJURY  MHILE AT WORK AT WORK	ED 21F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from deceased alive on 18, 1952, and that death occar	red at 3 C. m., from the causes and on the date stated above.
Hima franklin Williaman. D. 2	3B. ADDRESS 23C. DATE SIGNED 4-18-52
24A. BURIAL, CREMA- TION, JEMOVAL (Specify) Con 122 1952 Mt Gubura	RY DR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRARY  APR 2 1952 Funtington Wallacus Me.	Asuph L. Lucs 1200 Ine Culloh St. Buts. ml.
Vs 150	

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	E OF DEATH Registered No.
I. NAME OF DECEASED (Type or Print)	2. DATE OF GAL. 017/52
B. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: esidence A. STATE B. COUNTY before admission)
s. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR location) 1529 A. Edew St.	
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Sporify)	8. DATE OF BIRTH  9. AGE (in years if Under I Year Months: Days Hours Min.  8. DATE OF BIRTH  9. AGE (in years if Under I Year Months: Days Months: Min.
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country)  12. CITIZEN OF WHAT COUNTRY?
Geter Banks	Henrietta?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	Tillian White 81971. Durhay &
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  (C)	or DEATH INTERVAL BETWEEN ONSET AND DEATH STORY ONSET AND DEATH STORY DEATH ST
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. MAJOR FINDINGS OF OPER	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH  D. TIME (Month) (Day) (Year) (Hour)  21b. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg. lying the street of the stree	RED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occur	ov. 10 19 To Chill, 198 That I last saw the
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SONATURE.	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  West Control (State)  1 25. FUNERAL DIRECTOR APPRESS
APR 2 1952 Huntington Williams, My	My Loke & Q. Ellisto Daughter
VS 150	1129 n. Carrline St

3	282 RTH NO.	3779			EALTH DEPARTMENT E OF DEATH	S Registered	2 37	79
	NAME OF DI	ECEASED A	/	month		2. DATE	1.0.	0./00
3.	PLACE OF DI	EATH: City, Maryland	ge ,	Maline	4. USUAL RESIDENCE (	DEATH /		residence ore admission)
HC	SPITAL OR	of (If not in hospital) 42 auch	0.	, give street address or location)	c. CITY OF TOWN (1)	If outside corporate in	its, write RU	RAL and give township)
	anth of a	in Polimona	Pila	Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)		
5. フ	SEX Nole	6. COLOR OR RACE	7. SINGLE, I	MARRIED.	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
work		CUPATION (Give kind of for working life, even if retired).	locer	F BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or 14. MOTHER'S MAIDEN	foreign country)	12. CITIZ WHAT	EN OF COUNTRY?
15	MAS DECEASE	ED EVER IN U. S. ARMED	FORCES?	6. SOCIAL	Unnie	Tunsor	ADDRESS	
	, no or unknown)		of service)	SECURITY NO.	ada mar	Thews 4.	33/12	Trace
RTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which complication is complicated by the complication of the complication of the complication which is complicated by the complication of	H I dying, e. g., as the disease, aused death.)  ES  ANY, GIVING STATING THE  FIONS CON-	(A)  DUE TO  (B)  DUE TO  (C)	of DEATH	Ciecembe	12 /	o de
CE	TO THE D	TO THE DEATH, BUT	CAUSING IT.				1.20	ALITODEY?
AL	19A. DATE C	F OPERATION 0	9B. MAJOR F	INDINGS OF OPER	RATION		YES YES	NO X
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		E OF INJURY (e. g., in, factory, street, office bldg.,		(If in Baltimore City	y, give exact	location)
Σ	D. TIME INJURY	(Month) (Day) (Year)	WH	E. INJURY OCCURR  ILE AT NOT WHILE  ORK AT NORK		RY OCCUR?		
	22. I hereb deceased a 23A. SIGNA			ed that death occur	m 8 , 195, 10 rred at 11 m., from 238. ADDRESS 201 - 22	the causes and on	the date s	last saw the tated above JE SIGNED
TIC	ATE RECEIVE	D BY   REGISTRAR	2/52 5 SIGNATUR wton //	MA Cal	ray ematory 240.	A. A. Elle	wn, or county)	, md
	VS 150		0	97099	1129	n. Caus	line	22



,			1				
0	5 32	3780			ALTH DEPARTMENT	5 Registered N	2 3780
BI	RTH NO.			CERTIFICATE	E OF DEATH	10081500104 1	
	NAME OF Dype or Print)	DECEASED	ICHATIE	J. BROWNING		of Apr	18, 1952
	Baltimore	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If : B. COUNTY	institution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	of (If not in hospital 2125 Bolton		on, give street address or location)		outside corporate in its	s, we to RAL and give township)
С	Length of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 2125 Bolton St.	rural, give location)	
	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) WIDOWED (Specify)				Apr. 3, 1863	last birthday) Mo	Under 1 Year If Under 24 Hours nths Days Hours Min.
	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  Never worked				11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13	James T	• Smith			14. MOTHER'S MAIDEN NAME LOUISE ?		
15 (Ye	NAS DECEAS no or unknown	(If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. NO	Mrs. Hallie F. Dieckman-2125 Bolton St.		
	(This doe heart fail	SE OR CONDITION LEADING TO DEAT so not mean the mode of ure, asthenia, etc. It mea complication which e	TH f dying, e. g ns the disease	(A) Co	of DEATH ordinal DT	comp	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  Z  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  LUNDERLYING CONDITION LAST.							6 140
V	(c)						
U TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT.							
AL	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER			YES NO
MEDICA	21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  CAUSE OF DEATH						

D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED

21F, HOW DID INJURY OCCUR?

NOT WHILE WORK 22. I hereby certify that I attended the deceased from

1951, and that death occurred at deceased alive, on Upr 1

23A. SIGNATURE

23B. ADDRESS

1952that I last saw the m., from the causes and on the date stated above.

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE

23c. DATE SIGNED

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Burial DATE RECEIVED BY

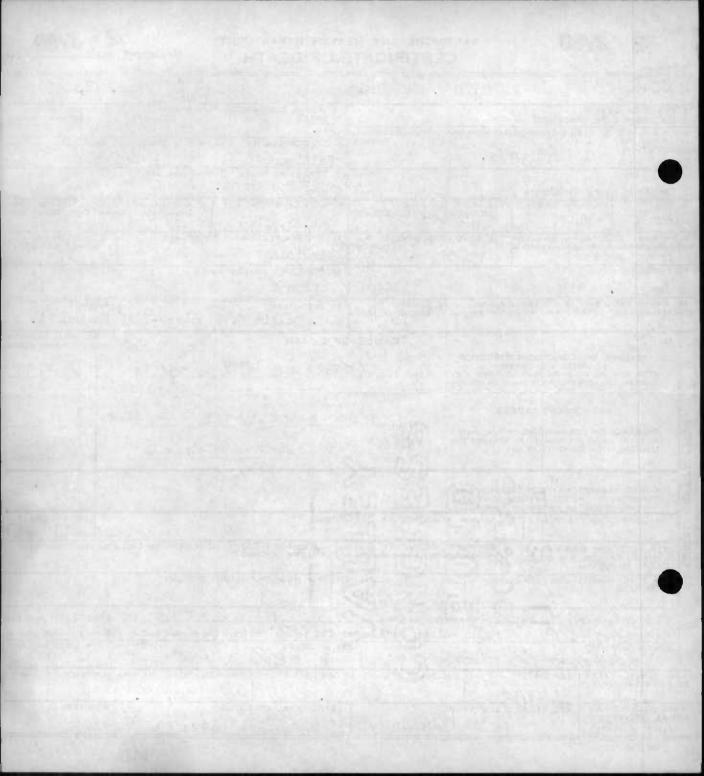
REGISTRAR'S SIGNATURE

Lorraine

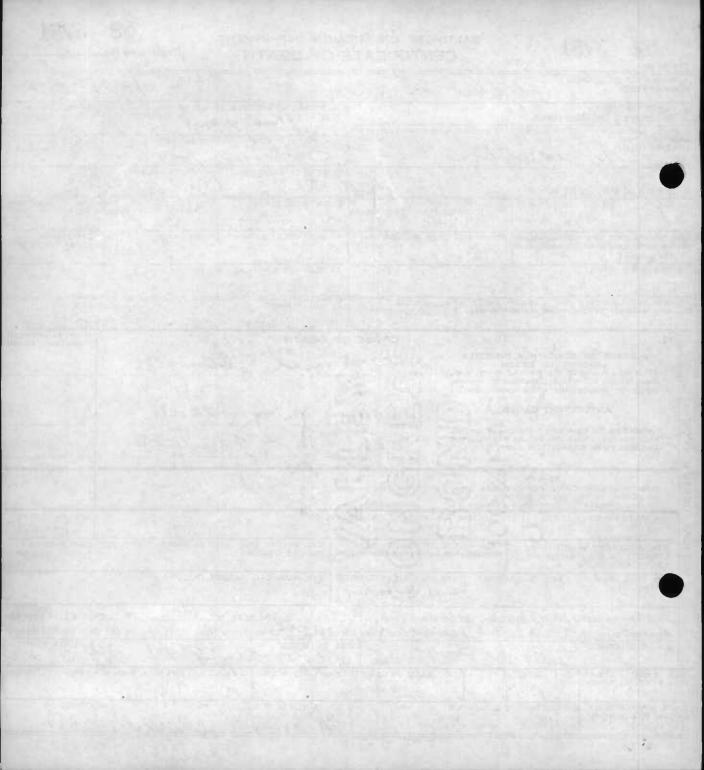
Cem. 25 FUNERAL DIRECTOR

DDRESS

VS 150

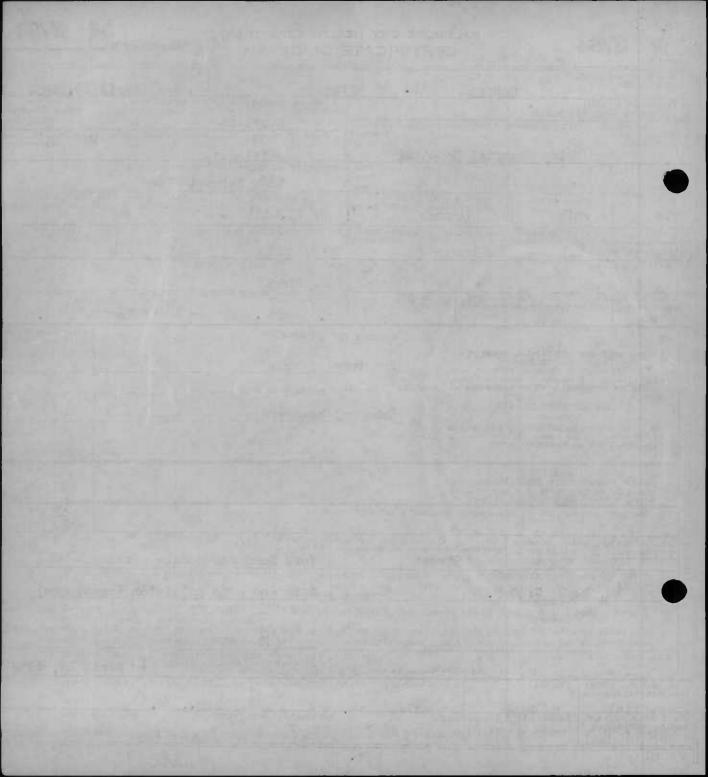


BI	f0 52 RTH NO.	3781		BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered I				
	NAME OF D ype or Print)	ECEASED May	avei	Y I Dost	ey	2. DATE OF DEATH	4-20	1-52
Α.		City, Maryland			A STATE MAA	NCE Where deceased lines. COUN		tution: residence before admission)
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hoter)	al or instituti	on, give street address o location		(If outside corporat	e lim/ts, w	ite RURA laund give
C.	Length of s	tav in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	SS_ (Il yaral, give locati	on) a	ive
	SEX	6. COLOR OF RACE	WIDOW	E. MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH	Wast birthda		Tays Hours Min.
	done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	1	tate or foreign country)		CITIZEN OF WHAT COUNTRY?
13	Housewill		8	t home	Maryland 14. MOTHER'S MA	IDEN NAME	1	
	John W				Martha Wisi	ner		
(Yes	. WAS DECEASI , no or unknown)	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ed Purkey - 31	ADDR	
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY	LEADING TO DEA' TO THE METERS OF CONDITION LEADING TO DEA' TO THE METERS OF CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA  III III GRIFFICANT CONDITIONS TO THE DEATH, BUT ISEASE OR CONDITION	TH  of dying, e. g  f dying, e. g  ste disease  aused death  SES  F ANY, GIVIN  STATING TH  ST.  TIONS CON  NOT RELATE	G DUE TO (C)	of DEATH scarling any artery	Flerois Januly E	9	ONSET AND DEATH
AL	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION			YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., arm,factory,street,office bldg.			City, give	exact location)
2	D. TIME INJURY	(Month) (Day) (Year)	` '	VHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?		
				deceased from 4	18 9:45 1	, to 4 -da	185 4	hat I last saw the
	deceased at		19.3	3/15	23B. ADDRESS	from the causes and	t on the a	ate stated above.
2.4 TIC	a. Burial. (S DN. REMOVAL (S Buria)		10	Druid Ridg	ERY OF CREMATORY	24D. LOCATION (City Pikesville, 1		county) (State)
5	TE RECEIVE	D BY   REGISTRAR	SIGNATU		25 FUNERAL DIR			DORESS
	VS 150	1/20/60	3	Vallader, My		Batto	17	md.



2 BIF	60 52 RTH NO.	378	Es.	BAI	LTIMORE CITY H	EALTH DEPARTI E OF DEATI		Registere		3782
(Ту	NAME OF D		PON	ald	Harry Rak		ence (W)	DEATH AP		1952
	PLACE OF D Baltimore (		aryland			4. USUAL RESIDE	ENCE (W	B. COUNTY		before admission)
	SPITAL OR	OF (	If not in hospit	al or institut	ion, give street address o location		(If c	[26]	dan	te RURAL and give
INS	NOITUTITE	100	HNS HOP	KINIS HO	CDITAL	7 14	-	2	P WIII	township)
		- No	THIS HOP	VIIA2 LIC	Yrs.	D. STREET ADDRE	MOP Ess (If r	ural, give location	)	
c.	Length of s	tay in	Baltimore		Mos. Days	25 E	GAE	5 / 4	1/0	5300
	SEX /		OR OR RACE		E, MARRIED. VED, DIVORCED (Specify	8. DATE OF BIRTH		9. AGE (In years last birthday)	If Ilader 1	Year M Under 24 Hours Days Hours; Min.
7	rale	u	white.	WIDOV	S,	9-2-4	46	3	Months	Days Rours wim.
			ON (Give kind of life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S		reign country)		CITIZEN OF
	none					Maryland				
13.	FATHER'S N		C			14. MOTHER'S MA				
	Harry A					Carolyn H.	Schai	rpTe		
	no or unknown)		IN U.S. ARMEE		16. SOCIAL SECURITY NO.	17. INFORMANT	DVINS	HOSPITAL	ADDRE	SS
	18. 204	12			CALISE	OF DEATH	PRINS	110311111		NTERVAL BETWEEN
RTIFICATION	heart failu injury or DISEASES RISE TO T	re, asthe complic ANTEC OR CO	ean the mode of onia, etc. It mea action which commended to the commendation of the co	ns the discas aused death SES FANY, GIVIN STATING TI	(B)			The state of the s	umatik.	
ш	TRIBUTING	TO THE	II CANT CONDI E DEATH, BUT OR CONDITION	NOT RELATE	ED					
U.	19A. DATE C				FINDINGS OF OPE	RATION				20. AUTOPSY?
CAL			0	1-12						YES NO
MEDIC	LYING OF	R CONT	AS UNDER-		ACE OF INJURY (e. g., farm, factory, street, office bldg.			in Baltimore Cit	ty, give e	xact location)
~	P. TIME	(Month)	(Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY	OCCUR?		1111231212
				m.	WHILE AT NOT WHILE					
	22. I hereb	y eerti	fy that I att	ended the	deceased from 2					it I last saw the
1	23A. SIGNA		4-20-	_, 19 <i>D.R.</i> ,	and that death occu					te stated above.
			em.	101	Ilian M. D.	JOHNS HO	PKINS	HOSPITAL	4	· 79 20.5
24	A. BURIAL, ON, REMOVAL (S	CREMA-	24B. DATE		24C. NAME OF CEMET	ERY OR CREMATORY	24D. LC	CATION (City, to	own, or co	unty) (State)
	Buria	1	4/22/52		Western			o., Md.		•
LO	TE RECEIVE	932	REGISTRAR'	S SIGNATI	JRE	25 FUNERAL DIR	ECTON!	kner	Y AD	RESS
	VS 150		1 Jan Kang	Mary F	illiana , My ?			Butt	017	nd

560 BIRTH NO.	3783		TIMORE CITY HI			Registere		3783
1. NAME OF D	DECEASED					2. DATE		
(Type or Print)		ANIEL	B. SK	INNER			pril 19	1952
3. PLACE OF D	City, Maryland			4. USUAL RESIDE A. STATE		ere deceased lived B. COUNTY		n : residence fo <b>re admissi</b> on
B. FULL NAME HOSPITAL OR INSTITUTION			ion, give street address or location)	C. CITY OR TOWN	(lf or	utside corporate l	the same of the sa	URAL and giv township
44	Union Mem	orial	Hospital Yrs.	o. STREET ADDRE	ondale	ral, give location	1)	
north of	stay in Baltimore		Mos. Days	628		uth Road	53	
5. SEX	6. COLOR OR RACE		. MARRIED.	8. DATE OF BIRTH		9. AGE (in years	s If Under 1 Year	If Under 24 Hours
male	white	Wic	CED. DIVORCED (Specify)	June 25, 186				s Hours Min.
work done during most	CCUPATION (Give kind of tof working life, even If retired)		OF BUSINESS OR INDUSTRY		tate or for	eigh country)		ZEN OF AT COUNTRY
Conducto		Railro	ad	Maryland	IDEAL ALLA	45		
13. FATHER'S					IDEN NA	VIE.		
John Ski	nner SED EVER IN U.S. ARMED	FORCEC?	I 16. SOCIAL	Lucy Disney				-
(Yes, no or unknown	(If yes, give war or date		SECURITY NO.	Mr. John W.	Cleinn	608	ADDRESS	DA
no.			1	OF DEATH	OKLIHI	er = 020		RVAL BETWEE
OLA UNDERL	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) LYING CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT	F ANY, GIVII STATING TE ST. TIONS COI	(C)	al hemorrhage	e			
	OF OPERATION 1	* * * * * * * * * * * * * * * * * * * *	FINDINGS OF OPER	RATION			20.	AUTOPSY1
	7						YES	NO NO
M DIING	NAL CAUSE WAS NG M OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)	ace of INJURY (e. g., farm, factory, street, office bldg., street  21e. INJURY OCCURF  WHILE AT NOT WHILE WORK AT WORK	RRED 21F. HOW DID INJURY OCCUR?				27/10	
DILL I		P. m.						
22. I certify that I took charge of the remains described above, held an autopsy thereon and fr  Autopsy, Inspection or Inquiry  the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.  23A. SINATURE  23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED							stated above nined [].	
M.B.   Medical Investigator								
100, REMOVAL								
DATE RECEIVE LOCAL REGIST	ED BY LEGISTRAR	SIGNATIO	Caklewn Com	25. FUNERAL DIRE	Balt ECTOR .	lener	Y SU	
V S 151	N803. 2				Vi	Balto	170	ndu



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14.	)
01	
50	)
BIRTH NO.	net .
	_

52 3784 BALTIMORE CITY HEALTH DEPARTMENT 3784 Registered No .\_\_ CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE April 19, 1952 OF EDWARD L. PARLETT DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 509 Cathedral St. INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. ength of stay in Baltimore 509 Cathedral St. Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | | Under 1 Year | | If Under 24 Hours last, birthday) | Months: Days | Hours: Min. 9. AGE (In years) Sept. 7, 1898 divorced 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during mest of working life, even if retired) INDUSTRY WHAT COUNTRY? Self Employed Mar yland Lawver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katherine Lambert Wm. M. Parlett 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war er dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Evelyn E. Parlett - 1009 Walnut Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY several LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, (1) Chronic Cerrhoois of the Sever injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ...... Chronic Alcoholism DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION EDICA 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from Dec 15, , 1957, to 4, 1957, that I last saw the deceased alive on Anil 19, 1952, and that death occurred at 2.10 Cm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 21. O. der. M. O. M.D. 2701 M. Calvert St. April 19. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 4/22/52 Burial Lorraine Cem. Woodlawn, Md. 25, FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE untington

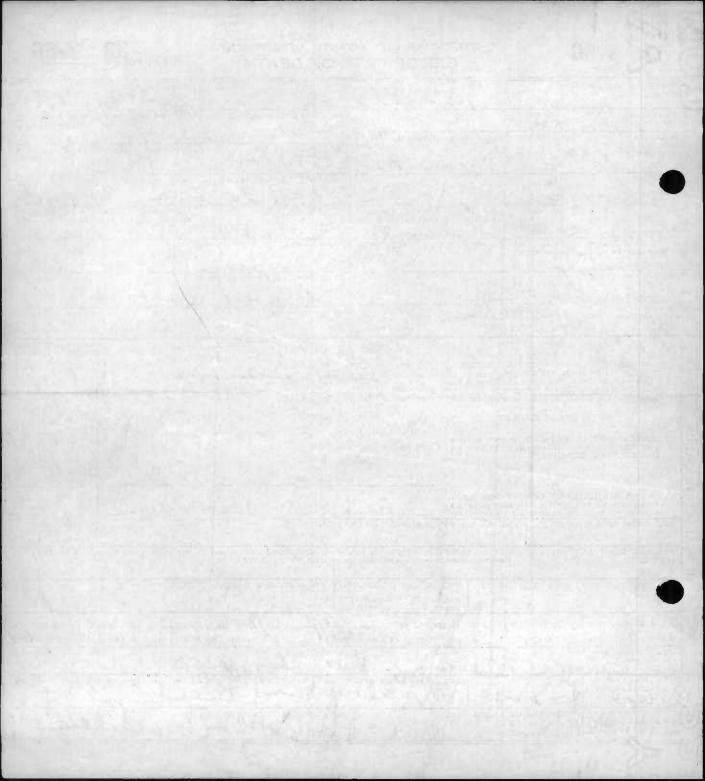
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See Document File 52-3785 5/15/42 ES

Transferred and the maintaining speciments of the office and

# CERTIFICATE OF DEATH Registered No. 3786

BIRTH NO.	OI DEMINI
1. NAME OF DECEASED (Type or Print)	2. DATE 9 0 0 - 0 10 :-
3. PLACE OF DEATH:	DEATH a Upon 1900
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland 10 1
INSTITUTION 833 1 Fairmore & Baco	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 32 Mos.	833 W. Fairward avenue
	B. DATE OF BIRTH 9. AGE (In years   II Under I Year   II Under 24 Hours
Lemal World Medawer.	15 July 1896 S 5 Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Housewife	Viesen What Country?
13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
William Lawy	Fannie Parks
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO.	7. INFORMANT ADDRESS
20 -	833 W. Fair mounta
18. 490 X CAUSE OF	F DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ba Preumena 6 days,
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
SINDERE INTO GOINDING EAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	07.11 110
TO THE DISEASE OR CONDITION CAUSING IT.	cluster Deart dereare !
1 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERAT	
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or	r   21c. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.)	) INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
NJURY  WHILE AT NOT WHILE MAT WORK AT WORK	
22. I hereby certify that I attended the deceased from 10 Q	ug. , 1948, to 19 apr , 1952, that I last saw the
deceased alive on 19 april, 1952, and that death occurre	,,,
	ADDRESS 23C. DATE SIGNED
M. D.	501 Cherry dell toad, 2º apr 52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY  Survey  L- 73-32  W  L- 24C. NAME OF CEMETERY	GREMATORY 1/24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	NEUNERAL DIRECTOR ADDRESS
APRZT 1932 Huntwigton Welliams MP. 12	Know Warren 1000 Burely at
VS 150	Maria Value Va

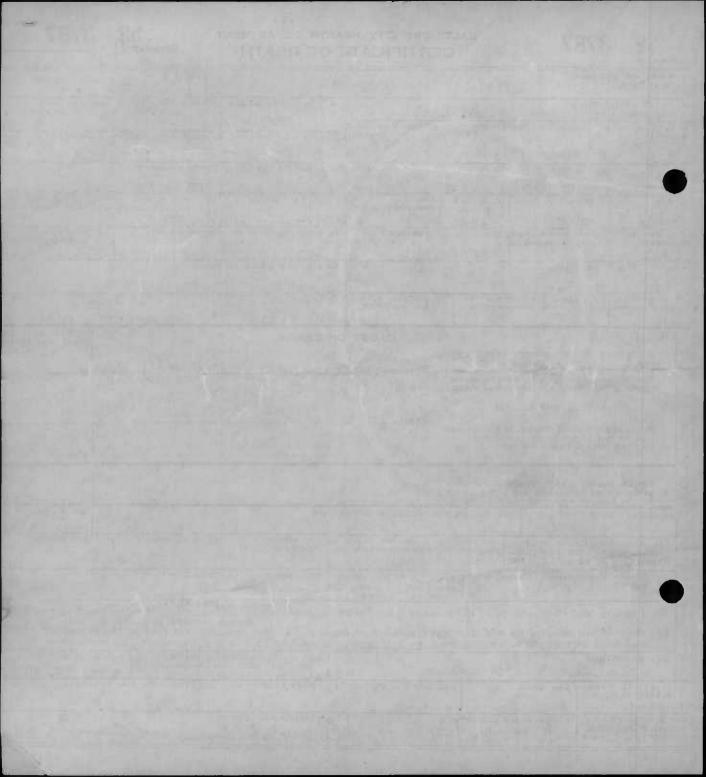


352 BIRTH NO.	3787
BIRTH NO.	

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3787 Registered No.

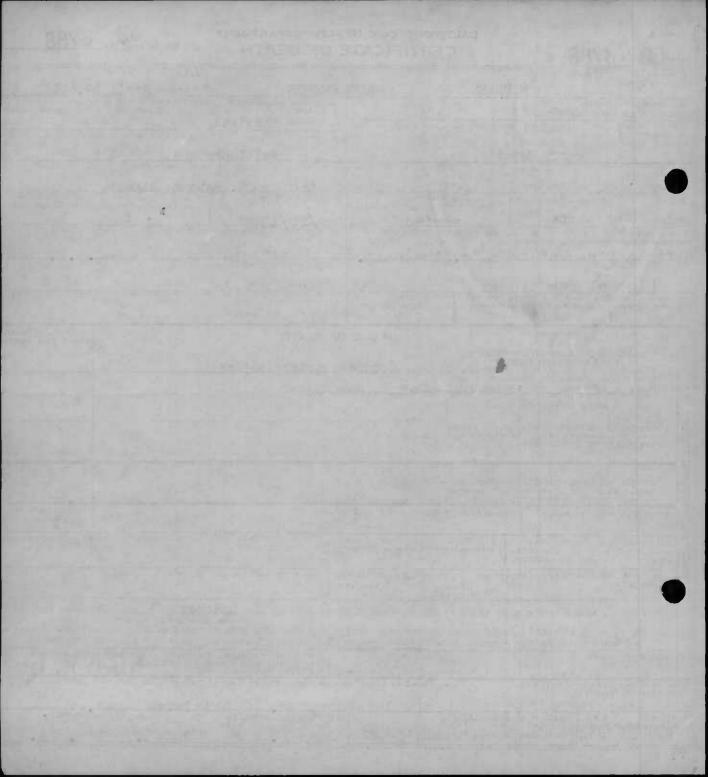
BIRTH NO.						
1. NAME OF DECE (Type or Print)		LLA	ANDERSO	ON	OF Apr	il 17, 1952
3. PLACE OF DEAT A. Baltimore City	, Maryland			4. USUAL RESIDENCE (WA. STATE Maryland		
B. FULL NAME OF HOSPITAL OR	(If not in hospit	al or instituti	on, give street address or location)		outside corpoyate him	nits, wpite RI RAL and giv
INSTITUTION	ltimore Ci	ty More	ne	Baltimore	11	-O township
150	TOTHIOT COT	07 1101 8	Yrs.	o. STREET ADDRESS (If	rural, give location)	
ength of stav	in Baltimore 3	7 Yrs.	Mos. Days	910 Sarah	Ann Street	
	COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under I Year   If Under 24 Hours Months: Days   Hours: Min.
female c	colored	Widow		Aug 4 - 1897		Jays Hours, Min.
10A. USUAL OCCUP		10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
Cook	king me, even messed/	Resta	urant	_ Kent County	Maryland	U.S.A.
13. FATHER'S NAM	E			14. MOTHER'S MAIDEN NA	AME	
_Vill H	arvev			Blanche Wat	ers	
15. WAS DECEASED E (Yes, no or unknown) (	VER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1.0				Mary Driver 77	2 Sarah -1	on Street
Z O DISEASES OF RISE TO THE UNDERLYING	OR CONDITION ADDING TO DEA to mean the mode of asthenia, etc. It mee inplication which TECEDENT CAUS R CONDITIONS, I ABOVE CAUSE (A) G CONDITION LA II DIFFICANT CONDITION THE DEATH, BUT THE DEATH, BUT	TH of dying, e. g uns the diseas caused death SES F ANY, GIVIN STATING TH AST.	(B)(C)		ovascular d	isease
U TO THE DISEA	SE OR CONDITION	CAUSING I		ATION		20. AUTOPSY?
	PERATION	SB. MAJOR	FINDINGS OF CITE			YES NO X
	OR CONTRIB-	about home, f	CE OF INJURY (e. g., in arm, factory, street, office bidg., street, office bidge, street	te.) INJURY OCCUR?		give exact location)
22. I contifu t	that I took char		1101110	bove, held an inspec	tion & inqu	irythereon and from
the evider	ice obtained by	said Auto	psy, Inspection or I	nguiry, find that said de A., accident □, suicide	Inspection or Inquir.	the day stated above
	E //		0	238. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGAT	EXAMINER TO	
24A. BURIAL, CRESTION, REMOVAL (Speci	MA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow	
DATE RECEIVED B	4/22/1 Y REGISTRAR 52 + +		Valle Calvary G	Elioy Wilson	- /rev &	ADDRESS and
V S 151	· /www	0	7546,	M		



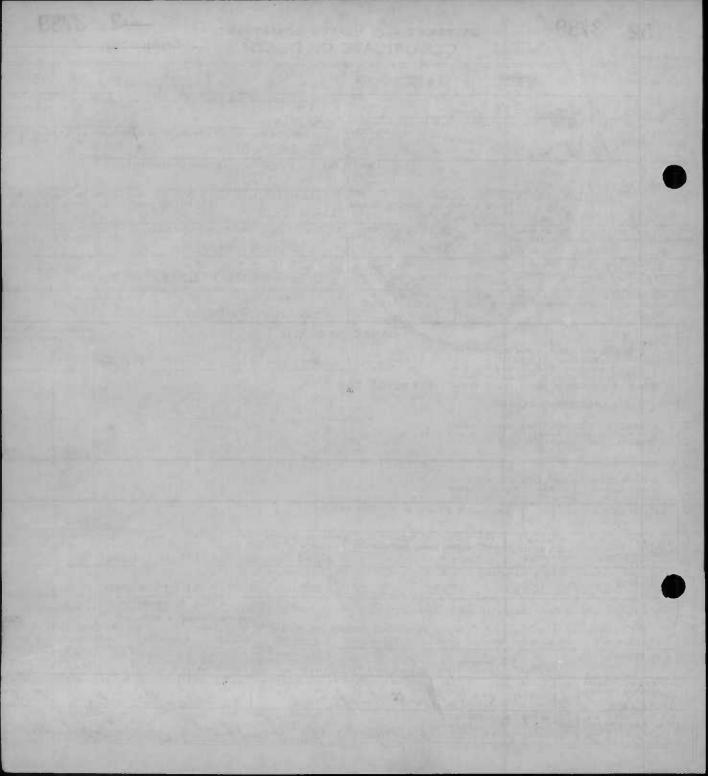
# BALTIMORE CITY HEALTH DEPARTMENT

BIRTH	26.	3788		in I	CERTIFICAT	E OF DEATH	Registered	No. 3788
	ME OF or Print)	DECEASED	MT	OIL OT	241	MILOT OVER	2. DATE OF	3 00 0000
		DEATH: City, Mary		CHAEL	BAI	A. USUAL RESIDENCE	(Where deceased lived, I	
B. FUL	L NAMI	OF (If no		ai or institu	tion, give street address	marylar Marylar	nd	1
	TUTION		y Hos	nitel		Baltime	11	it, watte RURAL and giv township
		11010	7 1100	proar	Yrs. Mos	o. STREET ADDRESS		
		stay in Balt		Lif	e Day		Potomac Stree	t.
5. SEX		6. COLOR		WIDO	.E. MARRIED, WED, DIVORCED (Specif	, ,	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Ionths Days Hours Min
		CCUPATION	(Give kind of		erried D OF BUSINESS OR	6/23/1800 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF
		Firema:		Bel to	Fire Dent	Naryland	1	WHAT COUNTRY
13. FA	THER'S	NAME				14. MOTHER'S MAIDEN		
		sed EVER IN U			I 16. SOCIAL	Mary Geger		
(Yes, no o	or unknow	(If yes, give	war date	s of service)	SECURITY NO.	17. INFORMANT	Barthlomev 1	ADDRESS
18.		A I	V plante		• •	OF DEATH	PHI COLOMAY !	61 M Potome
10.	70	ASE OR CON	I	DIRECTLY		OF BEATH		ONSET AND OEAT
	(This do	LEADING pes not mean t	TO DEA	ying, e.	g., (A) Coron	ary artery scler	osis	
		ilure, asthenia, or complication						
		ANTECEDE	NT CAUS	SES				
Z	DISEAS	ES OR COND	ITIONS. 1	F ANY, GIV	(B)	***************************************		
DIL		LYING COND						
<u>5</u>				2,100	(C)			
		SIGNIFICAN						9 14 15 18
	TO THE	NG TO THE DE	CONDITION	CAUSING	IT			
	A. DATE	OF OPERATI	ON 1	9B. MAJOR	R FINDINGS OF OPE	RATION		YES NO
S UNI	DERLYI	RNAL CAUSE	ONTRIB-		ACE OF INJURY (e. g., farm, factory, atreet, office bldg		(If in Baltimore City,	
Ш		(Month) (Da		(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJ	URY OCCUR?	
0	INJUR.	Y		m.	WHILE AT NOT WHILE WORK AT WORK	E		
22	· I cer	tijy that I t	ook char	ge of the	remains described		utopsy	thereon and from
	the e	vidence obto	ined by opinion	said Aut	opsy, Inspection or from: natural caus	Inquiry, find that said es <b>X</b> , accident $\square$ , suice	sy, Inspection or Inquiry l dcceased died on i ide [], homicide [],	the day stated above
23.	A. SIGN		- 1	· N	mladu	238, CHIEF MEDICA ASSISTANT MEDICA M.D. MEDICAL INVESTIG	AL EXAMINER	pril 19. 1952
Z4A. TION, R	BURIAL. EMOVAL	CREMA- 24E (Specify)	DATE		24C. NAME OF CEMET	ERY OR CREMATORY 240		n, or county) (State)
12	uric	7 4	-	52		emer Cem.	Reltimore	Ma
	RECEIVE P	TRARALL	uting	ton W	elliacus My?	36hn A. Mora		Palto St
V S 1	51		- 0		762	93		

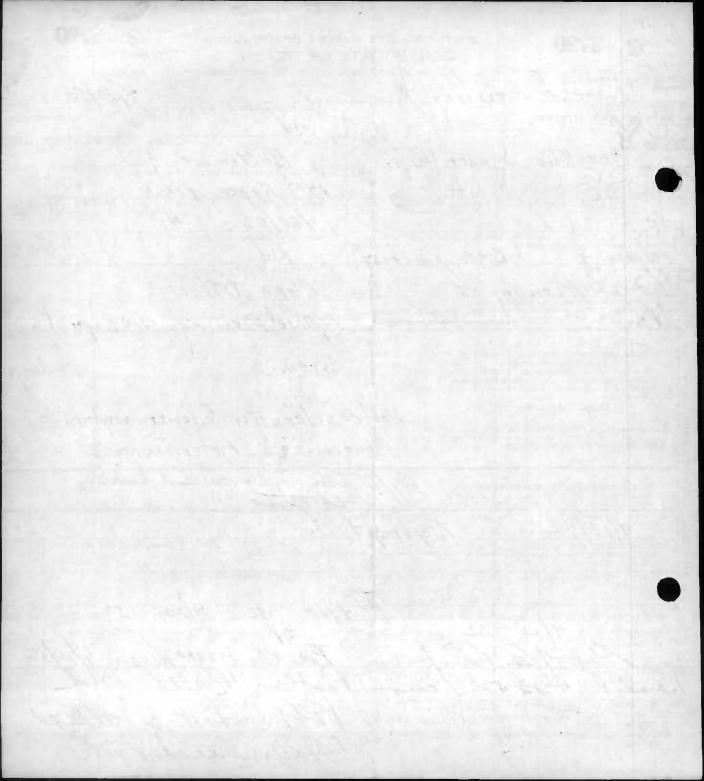
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BIE	52 STH NO. 4	3789 19-2558			EALTH DEPARTMEN	NT Register		3789
1.	NAME OF D	ECEASED PA	RICIA	ELAINE PUGH		2. DATE OF DEATH	April	20, 1952
Α.	PLACE OF D Baltimore ( FULL NAME	City. Maryland	t legge	ion, give street address o		B. COUNTY	Y Way	before admission)
	SPITAL OR STITUTION	It ames		location	Ellicott Cit	*		ite RURAL and give township)
	ength of s	tay in Baltimore		Yrs. Mos. Days		i	16.2	10
	sex Female	6.COLOR OR RACE White	WIDOW	ing le	8. DATE OF BIRTH	9. AGE (In year last birthday)	Months	Days Hours Min.
	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	of Business or INDUSTR'	Baltimore, M	Maryland		CITIZEN OF WHAT COUNTRY
13	Stanley				Clisterbelle			
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Stanley	Pugh, Ellico	ADDR	
RTIFICATION	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  Second and third degree burns of 80%  (A) Second and third degree burns of 80%  (B) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							ONSET AND DEATH
ERTIF	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED IT.				
C	19A. DATE	OF OPERATION 1	9B, MAJOR	FINDINGS OF OPE	RATION			YES NO X
21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIB. about home, farm, factory, street, office bldg, etc.)  12 In. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIB. about home, farm, factory, street, office bldg, etc.)  12 In. IIIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						1300		
	22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural eauses \( \subseteq  \frac{accident}{\infty} \), suicide \( \subseteq  \text{homicide} \) modetermined \( \subseteq \).							
	23A, SIGNA 4A, BURIAL, DN, REMOVAL (	CREMA- 24B. DATE	86		M.D. MEDICAL INVESTI	AL EXAMINER	41	/21/52 ounty) (State)
D	ATE RECEIVE	4-22 ED BY   REGISTRAR	-52	URE HIS	Shud 25. FUNERAL DIRECTO	Cleroto	Ceta	DRESS & City
v	S 151 A	1948.2	, , , , ,	MARIANA, MIZA	o Solymo			and the same of th



246	
52 3790 BALTIMORE CITY HEALTH DEPARTMENT 5	2 3790
CERTIFICATE OF DEATH Register	ered No
1. NAME OF DECEASED 4 2. DATE.	. / / .
TVages 19e1s //ng DEATH	4/20/52
a. Baltimore City, Maryland B. COUN	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Institution).  C. CITY OR TOWN (If outside corporate or institution).	e lighits, write RURAL and give
FRANKlin Square Hosp. Baltimore	township
Yrs. Mos. Mos.	on)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED   8. DATE OF BIRTY   9. AGE (In ye	ars It Under 1 Year   It Under 24 Hours
WIDOWED, DIVERCED (Specify) V/28/03 last birthda	Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  NDUSTRY  11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	15/4
Hones D. Meisling & Mara Titlaw	
15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT	ADDRESS 0/
110 Jas-03-6918 Nettier Meisling 14	OO KAPET PI.
18. 442X CAUSE OF DEATH	ONSET AND DEATH
This does not mean the mode of dying, e.g., (A)	3 da . a
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
Nother color - air la lat an	lonephrikis -
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  (B)  (C)  (B)  (C)  (B)  (C)  (B)  (C)  (B)  (C)  (B)  (C)  (C	
(c) Generalize & Firitings	1770515 -
OTHER SIGNIFICANT CONDITIONS CON. Hypertensive Condisvoscular de	resse
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS/OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (If in Baltimore	City, give exact location)
W CAUSE OF DEATH	,
D. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21s. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 7/16, 192, to 4/20,	1952, that I last saw the
deceased alive on 4/20, 1952, and that death occurred at 40.m., from the causes and	on the date stated (bove.
Cobert & Charter M.O. FANKlin 294 Bte Hos	n. 4/20/52
246 BURIAL, CREMA 246. DATE 246. NAME OF CEMETERS DE CREMATORY 246 CCATION (CIV)	, town or county (State)
DATE RECEIVED BY   RECEIVED BY	ADDRESS
APR 2 1 1952 Turtington Williams, Mr. 1077 C. 812 M. U	Jalley
VS 150	

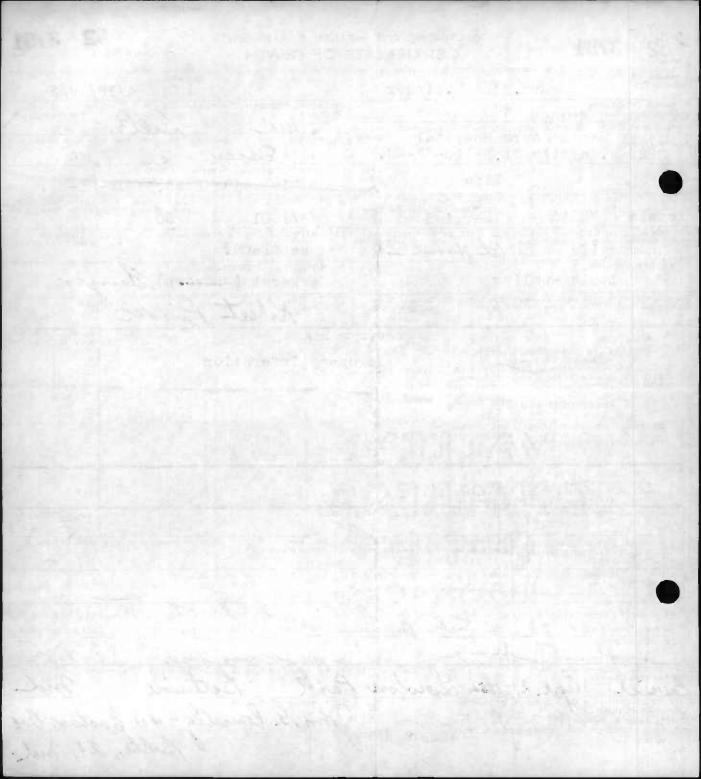


1. NAME OF DECEASED (Type or Print)

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1. (T	ype or Print)		.Edna l	M.Pinder		2. DATE OF DEATH	4/18/1952
Α.		City, Maryland	Yes		4. USUAL RESIDENCE		d. If institution : residence
H	FULL NAME DSPITAL OR ISTITUTION 2025	Bon Secou W.Fayette	rs Hos		c. CITY OR TOWN (	If outside corporate	limits, write RURAL and give township)
5/ c.		tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (1		<b>'</b>
J	emale	White	Mari	. MARRIED. ED. DIVORCED (Specify)	6/3/1901	9. AGE (In year) last birthday)	Months Days Hours Min.
1C orl	done during most	CUPATION (Give kind of working life, even if retired <b>GW119</b>	at N	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland.	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	Louis Ruel	ing		14. MOTHER'S MAIDEN I		Luyer
15 Ye	. WAS DECEASI	ED EVER IN U. S. ARME (If yee, give wer or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMATION	- Pinde	ADDRESS
ERIFICATION	OTHER S	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A) I'NG CONDITION L GIGNIFICANT COND TO THE DEATH, BUT	of dying, e. g ans the disease caused death. SES  IF ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE	(A)	nary Infarcti	on	
ונ		F OPERATION		FINDINGS OF OPER	ATION		20, AUTOPSY7
ביות	21A. ACCID LYING ☐ OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING	218. PLA about home, fa	CE OF INJURY (e. g., in arm, fectory, street, office bldg.,	or 21c. WHERE DID tc.) INJURY OCCUR?	(If in Baltimore Cit	ty, give exact location)
IAI	21D. TIME (NJURY)	Month) (Day) (Year  y certify that I at  live on 4: 18-	tended the	and that death occur	1952, to 4	'- <i>18</i> ,1	953, that I last saw the n the date stated above.
24	A. BURIAL C	then I	Hos	M. D.	Den Secous	LOCATION (City, to	4-18-52
DA	TE RECEIVED	DBY RIGISTRAR RASSI	1-1952 S SIGNATU	Chowdon RE	25. FYNERAL DIRECTOR	elly - 418	Bootern aug
	VS 150			illians, My		Bala	5., 21, md.



2 3792 BALTIMORE CITY HEALTH DEPARTMENT 3792 CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED (Type or Print) 2. DATE 20 April 1952 alice M BROWN OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Beltimore B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION o Maryland Inc Yrs. o. STREET ADDRESS (If rural, give location) Mos. Ewtons hgth of stay in Baltimore 50years Davs 6. COLOR OR RACE 5. SEX 9. AGE (In years) If Under 1 Year | II Under 24 Hours WIDOWED, DIVORCED (Specify last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dune during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housevile USA Balto Co Md 13. FATHER'S NAME Conrad Ficholtz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) Sarah R. Meyers 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Clarence A.L.Brown 446 X CAUSE OF DEATH 2434 Eutaw Place INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) QUE TO ANTECEDENT CAUSES ATION (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO (C) .... FIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or ) 21A. ACCIDENT WAS UNDER-INJURY OCCURT about home, farm, factory, effect, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED - 21F, HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT

22. I hereby certify that I attended the deceased from 3 April , 1954 to 20 April, 1954 that I last saw the deceased alive on 10 April 1912 and that death occurred at 0:30 Am., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

4/201952

Lutheren Hospital 24A. BURIAL CREMA-TION REMOVAL (Specify) Burial 4-22

24C. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

Druid Ridge Cem. Pikesville Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

Ellsworth Armacost

ADDRESS

Liberty Heights Ave.

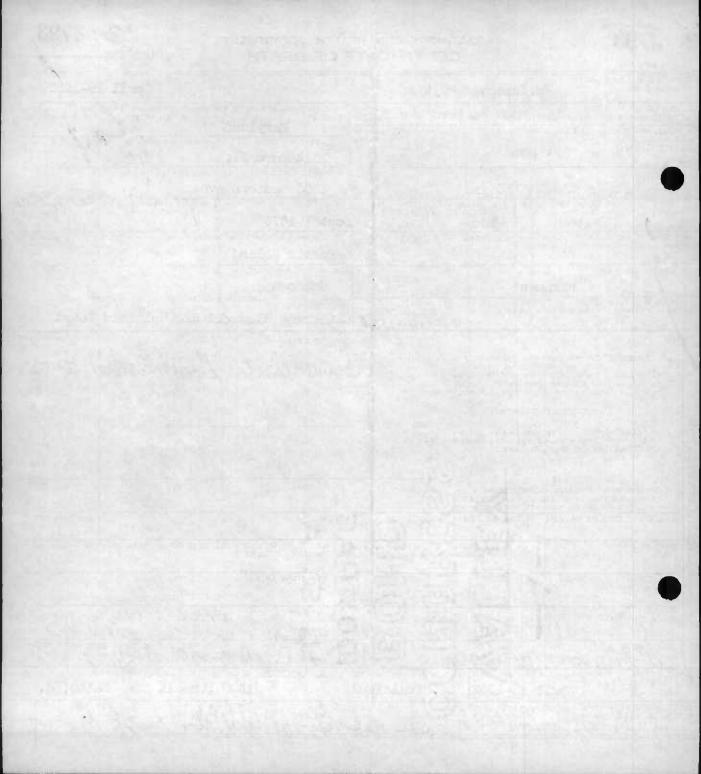
A . III . DU . OFTE. A THE VEN . T. Lar. U. Sumit was a public .ave and the world by the

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3793

Registered No .\_\_

BIRTH NO.							
I. NAME OF D Type or Print)	eceased Mr.Jo	seph Pa	jtys		2. DATE OF APT DEATH	·il 19-1952	
B. PLACE OF D B. Baltimore (	City, Maryland 26	205 Eastern	n Ave ive street address or	4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived. B. COUNTY	If institution: residence before admiss	ion
HOSPITAL OR NSTITUTION	At Hom		location)	c. CITY OR TOWN (If Baltimore 31,	outside corporate lir	nits, white BURAL and towns	
c. Length of s	tay in Baltimore	55 yrs	Yrs. Mos. Days	D. STREET ADDRESS (If 2205 Eastern A			
Male	White	7. SINGLE, MA WIDOWED, E Widow	RRIED, DIVORCED (Specify)	Sept 1-1879	9. AGE (In years last birthday)	If Under I Year It Under 24 i Months Days Hours M	louis Tire.
OA. USUAL OC ork done during most o	CUPATION (Give kind of of working life, even if retired)	IOB. KIND OF	BUSINESS OR INDUSTRY	Russia Poland	reign country)	12. CITIZEN OF WHAT COUNT	RY
3. FATHER'S	VAME Unknown			14. MOTHER'S MAIDEN N. Unknown	AME		
5. WAS DECEASI	ED EVER IN U.S. ARMET (If yes, give war er date	s of service)	SOCIAL SECURITY NO.	17. INFORMANT Catherine Glowack	i 524 Holtz	ADDRESS man Court	
DISEASE RISE TO T UNDERL'	ire, asthonia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	eaused death.) SES F ANY, GIVING STATING THE ST.	(B)  DUE TO  (C)	Irioaclerotti			
TO THE D	G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	CAUSING IT.	DINGS OF OPER	RATION		20. AUTOPSY	?
	ENT. SUICIDE, (Specify)	21B. PLACE C	OF INJURY (e. g., i ctory, street, office bldg.,	n or   21c. WHERE DID (1	f in Baltimore City	YES NO	-
NJURY	(Month) (Day) (Year)	(Hour) 21E.   WHILE WORK					
deceased at 23A. SLOND			that death occur	rred at 1/33 Am., from t	he causes and on		ove
24A. BURIAL. (S ION. REMOVAL (S Burial	April 23	5-1952 St	M. B. NAME OF CEMETE Stanislaus	1300	Dundalk Ave	Balto, Md.	te)
DATE RECEIVE	Pag Registrar	gton Will	iaura- Mari	Ledge QW	leber 705	S. am et	
VS 150							



AP	75-3 1563099		BALTIMORE CITY HE		Registered 1	2 3794		
1.	NAME OF D ype or Print)		gene Weiland		2. DATE OF DEATH 4-17	-1952		
B. He	PLACE OF D Baltimore ( FULL NAME OSPITAL OR ISTITUTION	Of (If not in bospite	al or institution, give street address or ty Hospitals Ave.  Yrs.	4. USUAL RESIDENCE (Where deceased lived. If institution : resident B. COUNTY before admit befor				
5.	ngth of s	tay in Baltimore 6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		klin St. zon	e 13 f Under I Year Hours Min.		
WOI1	dang daning mon	working hie, even if retired)	emond cab	11. BIRTHPLACE (State or for Maryland  14. MOTHER'S MAIDEN N.  Fannie Farrell	AME	12. CITIZEN OF WHAT COUNTRY		
15 (Ye	. WAS DECEASE , no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMABaltimor Records: 4940 Eas	re City Hospf stern Ave.	pares		
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A)	DIRECTLY 'H f dying, e. g., ns the disease, aused death.)  ES  (B)  TANY, GIVING STATING THE  DUE TO	of DEATH	* -	Mos.plus		
EDICAL CERTIFI	19A. DATE O 3-12-19 21A. ACCID	GIGNIFICANT CONDITION TO THE DEATH, BUT USEASE OR CONDITION DE OPERATION TO THE CONTRIBUTING	NOT RELATED	ion	If in Baltimore City,	20. AUTOPSY? YES NO Rive exact location)		
ME	2 ID. TIME (INJURY	DEATH (Month) (Day) (Year)	(Hour)   21E. INJURY OCCURRE WHILE AT   NOT WHILE	ED 21F, HOW DID INJURY	Y OCCUR?			

22. I hereby certify that I attended the deceased from deceased alive on 417, 19 52, and that death of 2-4-19 52 to 4-17-, 1952, that I last saw the

19 52 and that death occurred at 8.209m, from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave., Balto., Md.

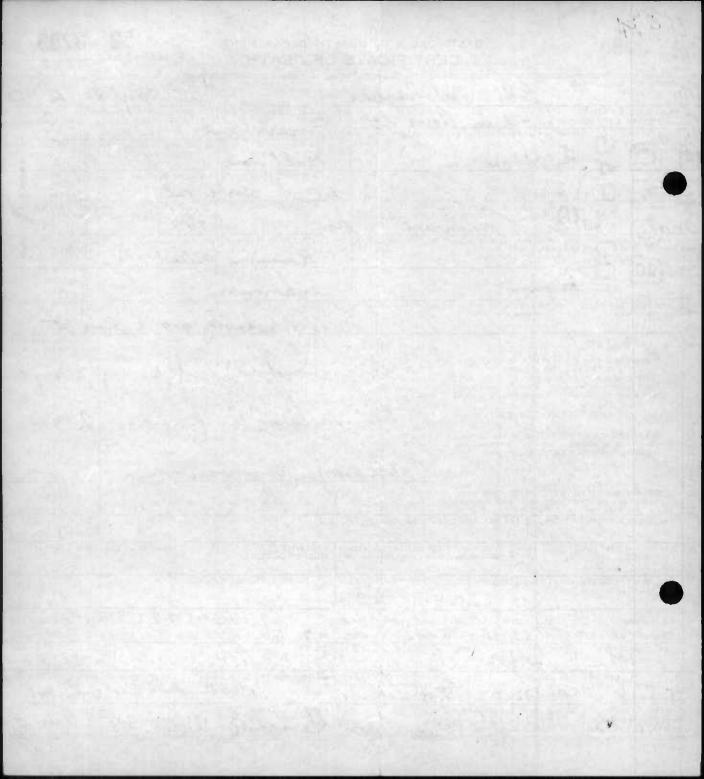
24A. BURIAL, CREMA-TION, REMOVAL (Specify)

25. FUNDRAL DIRECTOR DATE RECEIVED BY ADDRESS

Suite fold THE RESERVE OF THE PARTY OF THE

452

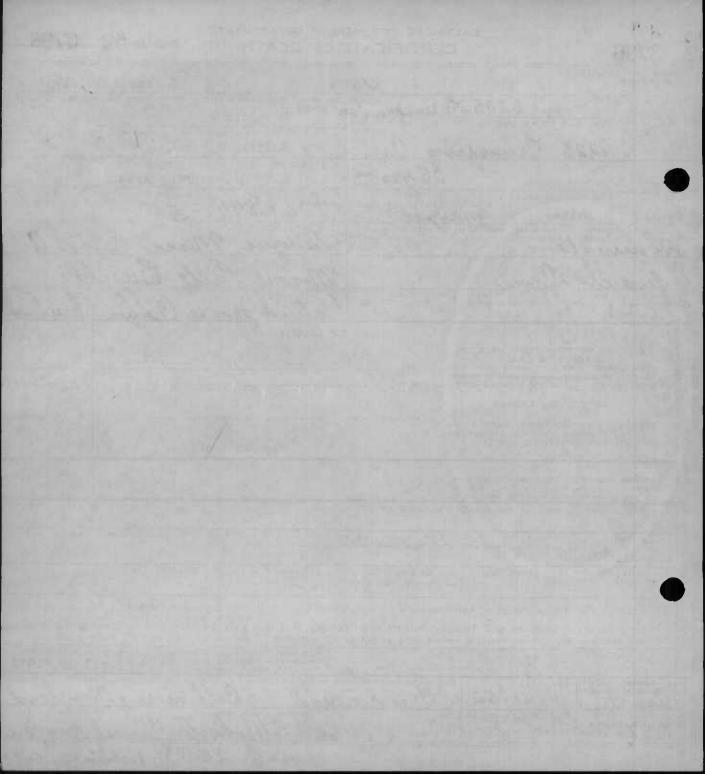
52 375	95			EALTH DEPARTMENT OF DEATH	Registered N	2 3795 No
1. NAME OF I (Type or Print)	X	ohn -	Wolinsk	•	2. DATE OF DEATH OPN	1 20 de 1952
3. PLACE OF DA. Baltimore	City, Maryland	110. So	ann re	4. USUAL RESIDENCE	(Where deceased lived, If	institution : residence before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hosp	pital or instituti	on, give street address or location)	c. CITY OR TOWN	(If outside corporate limit	s write RUKAL and give
INSTITUTION	14	ome		Baltimor		township)
c. Length of	stay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS	(If rural, give location)	
male male	White	WIDOW	. MARRIED. ED. DIVORCED (Specify)	jan.	76 7 Mo	f Under 1 Year If Under 24 Hours onths Days Hours Min.
ork done during most	CCUPATION (Give kind of working life, even if retire	of 10B. KIND	OF BUSINESS OR 6	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	unknow	r		14. MOTHER'S MAIDEN		
15. WAS DECEAS Yes, no or unknown	ED EVER IN U.S. ARM (If yes, give war or do	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
18. 42.	2.2		CAUSE	OF DEATH	0.5 710 2. 0	INTERVAL BETWEEN
(This doe heart fail	LEADING TO DE se not mean the mode ure, asthenia, etc. It me complication which	ATH e of dying, e. g cans the disease	. /	formidal,	houfficien	J 2 days.
Z Disease	ANTECEDENT CA		(B) Br	mobiol h	Eshmo.	20 yrs.
RISE TO	THE ABOVE CAUSE (	A) STATING TH		)	1.7.	181.
- OTHER	II CON		_(C)V	one project	aders	10420.
TRIBUTIN	SIGNIFICANT CON IG TO THE OEATH, BU DISEASE OR CONDITI	T NOT RELATE	0			
19A. DATE	OF OPERATION	198. MAJOR	FINDINGS OF OPER	RATION		YES NO
21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., i rm,factory,street,office bldg.,		(If in Baltimore City, 1	give exact location)
D. TIME	(Month) (Day) (Yes	v	HILE AT NOT WHILE		URY OCCUR?	
22. I herei	by certify that I a		deceased from	19 <b>96</b> to	april 20, 195	that I last saw the
deceased a	live only il	9, 1952	and that death occur	rred at 7 A.m., from		he date stated above.
23A, SIGNA	hul. Sc	zerbi	Mar M.O.	1802 Easte	era dos	4-20-52
24A. BURYAL, TION, REMOVAL ( Bulla	Specify)	3-1952	St Stanislas	19	o Demolalk an	
APRZIS	1352 REGISTRA	tington	Villama Ma	25. FUNERAL DIRECTO	Weber 70	Balto, md
VS 150		0	-1,1	٠,٠,٠		



	7,00
ł	2 2706
ľ	BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH 31636	CERTIFICATE	OF DEATH	Registered No.	<u> </u>
1. NAME OF DECEASED (Type or Print)  LENA	O'SHE		OF April 19	, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland 6225		4. USUAL RESIDENCE (W L. STATE Maryland	here deceased lived. If instit	ution: residence before admission)
B. FULL NAME OF (If not in hospital or ins HOSPITAL OR INSTITUTION 6225 - Trees	7		outside reporate limits, vr	te RURAL and give township)
ength of stay in Baltimore	25 yrs Men.	6225 Green	rural, give location)  Aspring Avenue	
	IGLE, MARRIED, BOWED, DIVORCED (Specify)	7/26 1894	9. AGE (in years # Undar last birthday) Months	
10A. USUAL OCCUPATION (Give kind of work done during most of working lift, even if retired)	ND OF BUSINESS OR INDUSTRY	1. BUTHPLACE (State or for	Mase 12.	VYAT TOUTTRY?
Edward Davis	3. 4. 4 P Ve	Minnel Be	Ul Buril	el.
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give war or dates of service)	S? 16. SOCIAL SECURITY NO.	Satrub Jam	u O'Shee	huland
18. 420.1 DISEASE OR CONDITION DIRECT	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of	; e. g., (A)	conon ai	Ten selevosio	~
ANTECEDENT CAUSES				F 77 1 1 1
DISEASES OR CONDITIONS, IF ANY. OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	G THE OUE TO			
No.	(C)			
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATEO			
U 19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPERAT	ION		20. AUTOPSY?
	PLACE OF INJURY (e. g., in o nome, farm, factory, street, office bldg., etc.		f in Baltimore City, give	exact location)
210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT NOT WHILE M. WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
22. I certify that I took charge of		/ Autopsy.	Inspection or Inquiry I	
the evidence obtained by said and death in my opinion result	Autopsy, Inspection or Inc ed from: natural causes	<b>V</b> , accident □, suicide	, homicide . unde	termined [].
23A. SIGNATURE	huradu M.O	23B. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGAT	OR Apri	1 19, 1952
TION, GENERAL (Specify)  Cremating 4/2/52	V Greenma	unt Bal	timore . M	aryland
DATE RECEIVED BY REGISTRAR'S SIGN	IATURE 2	5 FUNERAL DIRECTOR	nton funeral	Home 9h
V S 151	the s	403-6-2	5 \$ \$t; Belti	non-18-19d



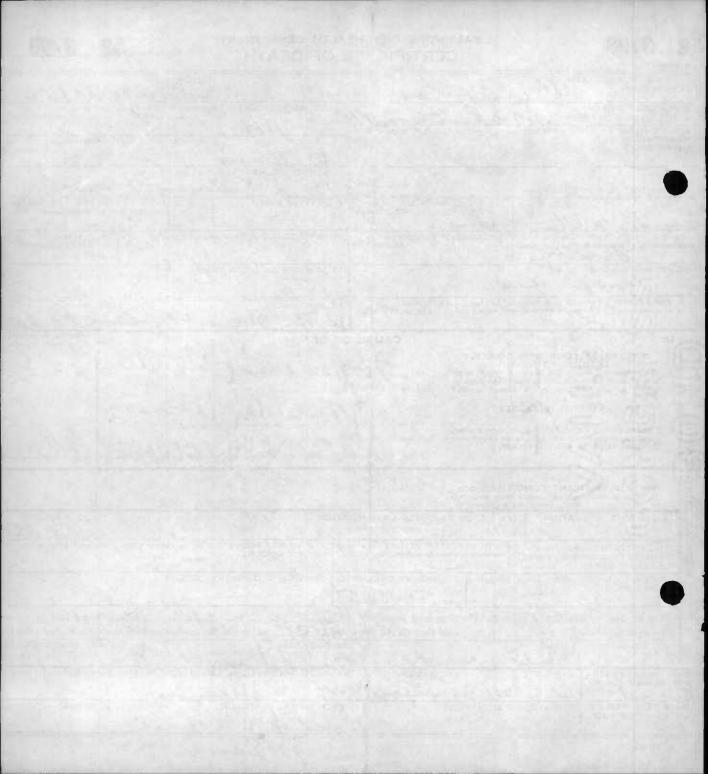
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52	3797
1800	0,0,

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) James 9, Cooke	OF 4/18/53
	here deceased lived. If institution : residence B. COUNTY before admission
	outside corporate limits write LURAL and giv
Mos. 2 6	rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  Mala Whitz Widowed Oct 1869	9. AGE (In years   Months Days   Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  Owner  Out out to out the first out the output of the output of the output out	reign country)   12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NA	ME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Bentho Leitek 2	ADDRESS  ADDRESS  ADDRESS  ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH  (A)	interval between onset and oeath 6 mm.
ANTECEDENT CAUSES  (B) Mi Pagli	meto 1 yr.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	ms -/ y.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING   about home, farm, factory, street, office bidg., etc.)   INJURY OCCUR?	in Baltimore City, give exact location)
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY  11 NOT WHILE AT NOT WHILE AT WORK	OCCUR?
	e causes and on the date stated above
23a. SIGNATURE  23b. ADDRESS  M. O.  23b. ADDRESS  M. O.  24c. NAME OF CEMETERY OR CREMATORY   24d. LO	23c. DATE SIGNED 4/19/07
Burial 4/21/52 Moreland Park	CATION (City, town, or county) (State)
DATE RECEIVED BY RELIGIERAR'S SIGNATURE LOCAL REGISTRAR  APR 2 1952  RELIGIERAR'S SIGNATURE  LOCAL REGISTRAR  LOCAL COOK  LOCAL REGISTRAR  LOCAL COOK	1217 St. Paul ST

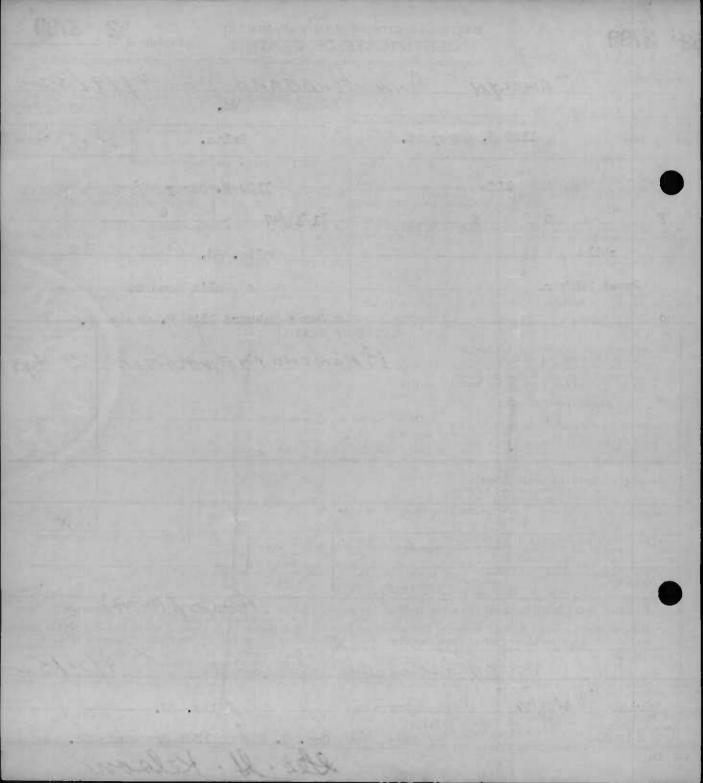
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 3798

BIRTH NO.			OLICIAI ICA	IL OI DEAI		
1. NAME OF DECE (Type or Print)	Bu	sie	Rea	In	2. DATE OF DEATH OF	U.20/52
A. Baltimore City	, Maryland	SPa	thron F.	A. STATE	ENCE (Where deceased lived B. COUNT	If institution: residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospit	al or institution	on, give street address locatio	c. CITY OR TOWN		hits, write ROBAL and give township)
angth of stay	in Baltimore		Yrs Mos Day	O. STREET ADDR	(If rural, give location)	- Que
-12-	COLOR OR RACE	MIDOWE	MARRIED, ED, DIVORCED (Speci	B. DATE OF BIRT		If Under 1 Year If Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUP ork done during most of wor	ATION (Give kind of king life, even if retired)		OF BUSINESS OR INDUSTR		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. PATHER'S NAM	n Re	4		14. MOTHER'S MA	IDEN NAME	
15. WAS DECEASED E Yes, no or unknown) (	VER IN U.S. ARMEI If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Les 150 Pal	ADDRESS PA MA
(This does not heart failure, a injury or com  ANT  DISEASES OF RISE TO THE JUNDERLYING  OTHER SIGN	DR CONDITION ADING TO DEAT mean the mode of sthenia, etc. It mea uplication which of R CONDITIONS, II ABOVE CAUSE (A) G CONDITION LA  II IFICANT CONDITION THE OEATH, BUT	TH f dying, e. g. ns the disease aused death.  ES F ANY, GIVING STATING THI ST.  TIONS CON-	(B)	potess Vocal	in Cardi	onset and Geath  India  I day
19A. DATE OF O	PERATION 0 1		FINDINGS OF OPI	ERATION		20. AUTOPSY?
21A. ACCIDENT LYING OR CO	ONTRIBUTING		CE OF INJURY (e. g rm,factory,street,office bld		OID (If in Baltimore City	y, give exact location)
210. TIME (Mor	th) (Day) (Year)	w	1E. INJURY OCCUR	LECT	INJURY OCCUR?	
22. I hereby condeceased alive		-/	deceased from yand that death ooc	nerred at 9 m. 238. ADDRESS	, to YL, 19 , from the causes and or	that I last saw then the date stated above.
24A. BURIAL, CREP HON, REMOVAL (Speci	DATE	22/52		CANC	Battimes	wn, or county) (State)
DATE RECEIVED B LOCAL REGISTRAF APR 21 1952	11-0:	s signatur	Vialus Mer	Fred Th.		ADDRESS
VS 150	C			1930	Tateral ace	



2	163 RTH NO.	3-9502		TIMORE CITY HE			Registered No.	3799
(T	NAME OF D	CAR	OLYM	ANN		RO I		19/52- nstitution: residence
B. H(	Baltimore ( FULL NAME DSPITAL OR STITUTION		ital or instituti	on, give street address or location)	c. CITY OR TOWN	Md. Balto.	de corporale limits	before admission) white/RU-AL and give township)
c	gth of s	tay in Baltimore	life	Yrs. Mos. Days	D. STREET ADDRE	ESS (If rural		
5.	T A LISUAL OC	6. COLOR OR RAC  C CUPATION (Give kind	WIDOW	. MARRIED, ED, DIVORCED (Specify) OF BUSINESS OR	8. DATE OF BIRTH		last birthday) Mon	Under I Year of Under 24 Hours this Days Hours Min.
worl	done during most o	f working life, even if retire	d)	INDUSTRY	14. MOTHER'S MA			U S
	. WAS DECEASE	D EVER IN U. S. ARM		16. SOCIAL SECURITY NO.	17. INFORMANT	Julia	Bonnott	DRESS
	no			nona	James Hub	hard 113	O.M. Correr	C+
ERTIFICATION	DISEASE RISE TO T UNDERLY	LEADING TO DE on the modure, asthenia, etc. It means the modure, asthenia, etc. It means to the complication which antecedent cases of conditions the above cause (VING CONDITION)  GIGNIFICANT CONDITIONS TO THE DEATH, BUSINESS OR CONDITIONS  STOTHE DEATH, BUSINESS OR CONDITIONS  LISEASE DR CONDITIO	e of dying, e.g. cause the diseas caused death USES  IF ANY, GIVIN A) STATING THAST.  DITIONS CONTROL TO THE CONTROL TO THE CATE	(B)	RONCHOF			
U J	19A. DATE C	PERATION	198. MAJOR	FINDINGS OF OPER	ATION			YES NO
EDICAL	UNDERLYIN UTING []	NAL CAUSE WAS G [] OR CONTRIB CAUSE OF DEAT	about home, f	CE OF INJURY (e. g., in arm,factory,street,office bldg.,e	tc.) INJURY OCCU	JR7		ive exact location)
2	21b. TIME INJURY	(Month) (Day) (Yes		WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID	A INJURY OC	CORT	
	the evi	idence obtained lath in my opinio	n said Auto	remains described a psy, Inspection or I rom: natural causes	nquiry, find that	Autopsy, Inspets said decease suicide	sed died on the homicide , un	ndctermined .
	AA. BURIAL. (S			24c. NAME OF CEMETE	D. MEDICAL INV	ESTIGATOR	TION (City, town,	or county) (State)
	Burial ATE RÉCEIVE APRZIST	4/23/5	D'S SICRIATII	Williams MI	25. FUNERAL DIR	17	. Md. 03 Presstm	an St.
V	S 151				Sted.	U: 1	Keloo	n) V



-6	35	
52	3800	
BIRTH	NO.	

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N2 3800

1. NAME OF DECEASED (Type or Print) Fu 05 Martin	2. DATE OF DEATH 4-17 -5~
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE Tary laud B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c, CITY OR TOWN (If outside corporate limits, write MULAS and give
- University Hospital	Baltimore, 4. 1 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	8. DATE OF BIRTH   9. AGE (In years) If Under 1 Year   If Under 24 Hours
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spedfy)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
work done during most of working life, even if retired)  Labora T  INDUSTRY	Maknowa US
13. FATHER'S NAME Robert Martin	14. MOTHER'S MAIDEN NAME Rosie Colnna
	Landka enetti
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
ичкиемы	1da Martin 2432 McCulloh St.
173.01	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A a sure of the su
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	ed some 12 days
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	nica gast following 3/days
	hip fusion
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ona oft.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION maium coxae senilis   20. AUTOPSY?
3 17-52 Jahren Cova	in or   21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	etc.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURF	
m. WORK AT WORK	
1 22. I herein ceretta bitte I telentett the december 1 on	6 - (2 , 1957to 4 - 1) , 1957that I last saw the
deceased alive on Y-17, 19 12 and that death occu	rred at 12:10 m., from the causes and on the date stated above.
23A. SIGNATURE	Vinious Hopitel 4.19.52
24A. BURIAT, CREMA- TION, REMOVAL (Specify) 4/23/52 15 Auburn	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)  Balto Md
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Alla Sa Kelagy
VS 150	coo G. Kelson 1303 Presstmen St.
4709.9	

NOT A MEDICAL EXAMINER'S CASE

William Warte Smid.

CHIEF OR ASST MEDICAL EXAMINER

. 20.0018

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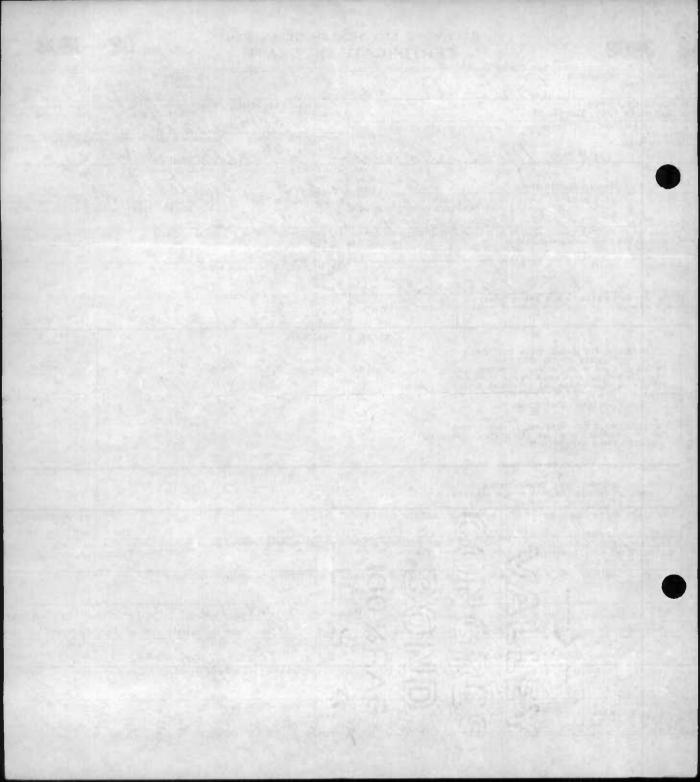
6 3.00 3801 BIRTH NO. 51-10482	BALTIMORE CITY HE		52 Registered No.—	3801
1. NAME OF DECEASED (Type or Print)	. D D		2. DATE OF	10 100
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL, NAME OF (If not in hospital or in	stitution, give street address or	4. USUAL RESIDENCE (Whe	ere deceased lived. If institu	ution: residence before admission)
HOSPITAL OR INSTITUTION JOHNS HOPKINS	location)	C. CITY OR TOWN (If our Baltin	tside corporate limits, writ	e RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	2.021 ADDRESS (If run	ral, give location)	red
male White "	NGLE, MARRIED, DOWED, DIVORCED (Specify)	May 10-1951	AGE (In years     Under   last birthday)   Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or fore		TITIZEN OF VHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCE	brick EST   16, SOCIAL	14. MOTHER'S MAIDEN NAM	I. Kelle	y
(Yes, no or unknown) (If yes, give war or dates of servi	SECURITY NO.	17. INFORMANT  JOHNS HOPKING	Torus	<sup>5</sup> ()
18. 754. I DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the complication which caused	TLY  G. e. g., (A)	onchioliti		Salous
Z DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.		actalin of Ao	rti	lise
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RI TO THE DISEASE OR CONDITION CAUSI	ELATED			
19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER			20. AUTOPSY?
	PLACE OF INJURY (e. g., in bome, farm, factory, street, office bldg., e		in Baltimore City, give ex	
P. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE  MHILE AT NOT WHILE  MORK AT WORK	D 21F. HOW DID INJURY C	OCCUR?	
22. I hereby certify that I attended deceased alive on 4, 19, 19, 23A. SIGNATURE	the deceased from Land that death occur	red at 2 50 pm., from the	causes and on the da	t I last saw the
SULTANIA 24A. BURIAL, CREMA- 24B DATE	M. D.	JOHNS HOPKINS HO		
TION REMOVAL (Specify) 4 22 52	Marelane	& tark 1	also me	L
DATE RECEIVED BY REGISTRANS SIGN	Williams, M.F.	25 FUNERAL DIRECTOR	5305 14a	rfordfl
VS 150				

2 3802 BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3802

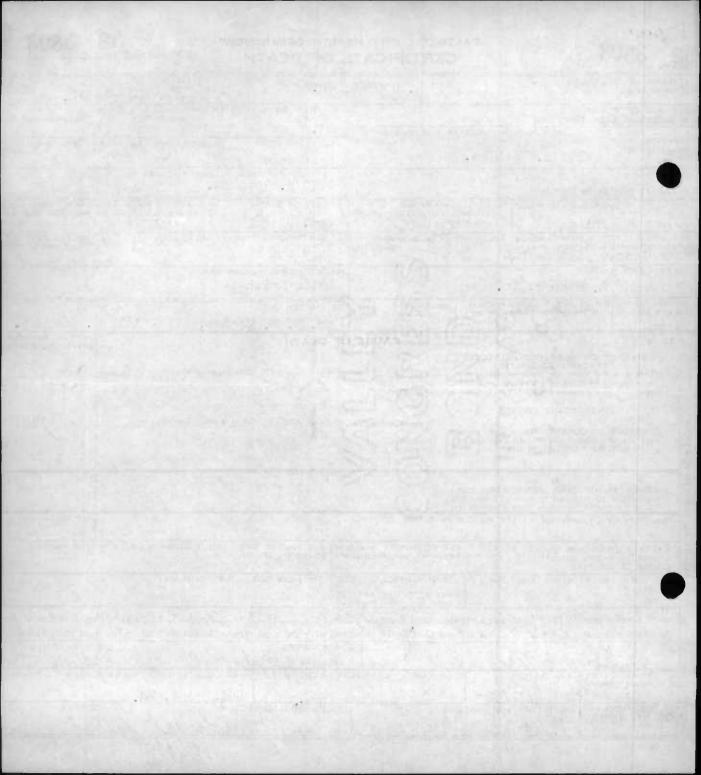
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Carrie a. Fin	ndo 2. DATE OF DEATH Bril 20-1952
s. PLACE OF DEATH:  a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
1805 Montebello Terrac	Daltemaie V township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
p. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 14 Hours
emale white married Specify	Mar. 12-1885 67
10 A. USUAL OCCUPATION (Give kind of 10 B. KIND OF BUSINESS OR OF HODE OF BUSINESS OR INDUSTRY	11/BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	M. MOTHER'S MAIDEN NAME
Frank Jorsach	Z.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	VM. 1 oberh sink - same
7101	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	umate, Hoord Disa 3 yrs.
heart failure, asthenia, etc. It means the disease,	many you
injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	
Z (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
	YES NO
218. PLACE OF INJURY (e.g., about bome, farm, factory, atreet, office bidg., CAUSE OF DEATH	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m.   WORK AT WORK	
deceased alive on 22. I hereby certify that I attended the deceased from deceased alive on 22. 17, 1951, and that death occur	rred at 6 2 nm., from the causes and on the date stated above.
	23B. ADDRESS 23c. DATE SIGNED
Meorge Cerry M.D.	4808 Harford Rd. 47/132
24A. BURIAL, CREMA- 24B. DAYE TION REMOVAL (Specify)	ERY OR CREMATORY 240 LOCATION (City, town, or county) (State)
DATE RECEIVED BY   REGISTRAN'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAN	20. TOTAL DIRECTORY
AFRE 1006	Link 5305 Harland



## BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 3803

BIRTH NO.			CERTIFICATE	OF DEATH	negistereu	110
I. NAME OF D Type or Print)	ECEASED	EUG	ENE F. HOOPES	, JR.	2. DATE OF DEATH AT	ril 18, 1952
B. PLACE OF D A. Baltimore (	City, Maryland			4. USUAL RESIDENCE A. STATE		
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	Md.	If outside corporate lim	it, write AURAL and give
1112 E. 36th St.		Baltimore	9-	township)		
c. Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (1112 E. 36th S		
5. SEX	6. COLOR OR RACE		E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last hirthday)	if Under 1 Year If Under 24 Hours onths; Days Hours; Min.
male	white	mar	ried	Dec. 9, 1884	67	
ek dopeduring most o	CUPATION (Give kind of of working life, even if retired) le Fish Marke		of Business or INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N				14. MOTHER'S MAIDEN	NAME	
	F. Hoopes, S			Katie Smith		
(es, no or unknown)	ED EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 14.21				Mr. E. F. Hoop	es, III - 111	2 E. 36th St.
heart failu injury or DISEASE:	LEADING TO DEA, not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	of dying, e. g. ms the disease caused death SES  F ANY, GIVIN STATING TH	(B) (B)	eunut cos	usyrek	5yrs
TRIBUTING	IGNIFICANT CONDI TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATE	.D			
19A. DATE C	OF OPERATION O	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
	PENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
p. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F, HOW DID INJU	RY OCCUR?	
				red at 11:25 P.m., from		
23A, SIGNA		llane		6,00 fork	Rd	CANY 1952
TION, REMOVAL (S	crema- Specify) 2/B. DATE mation 4/22	2/52	24c. NAME of CEMETE Green Moun	RY OR CREMATORY 24D.	LOCATION (City, town	
ACAP PEGIS		SSIGNATU		25 FUNERAL DIRECTOR		ADDRESS
VS 150		0	290	63 /	Balto 1	nond.



650 3804

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 3804

BIKITI NO.	
1. NAME OF DEGRASED (Type or Print) CATHERINE W GREEN	2. DATE OF APRIL - 19-1952
3. PLACE OF DEATH: A. Baltimore City, Maryland 605 SCOTT ST	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY Defore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate limit write RURAL and give
NSTITOTION	BALTIMORE MD township
c. A gth of stay in Baltimore Yrs.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDQWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days   Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	MARCH 29-1914 38
work done during most of working life, even if retired)  PLAZA THEATER	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT SOUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	MARY FLYNN
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS YAS GEO BURKETT-605 SCOTT ST
18. 237 X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	mor or - Bosin
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	0,000
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	or   21c. WHERE DID (If in Baltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRENT	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	april
22. I hereby certify that I attended the deceased from deceased alive on 19, 19 and that death occur	
23A. SIGNATURE States . M. O.	3B. ADDRESS  SCOTT SCOTT OF THE SIGNED CAPIL 19/52
24A BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
ADR 21 1852 Huntington Welliams A.	Servind C'Hasle 1216 Wast of
VS 150	K
2200	

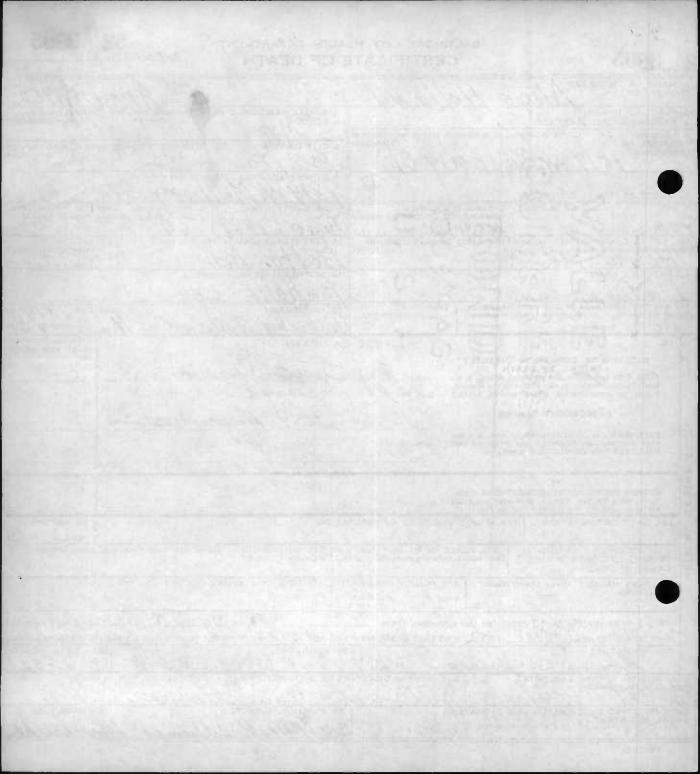
Carry Land Andrews The second second second Livered La server The Same Open 19 De 517 Seat 21 - april 1910 the trade

453 2818TH 38.05

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3805 Registered No.

BIRTH NO.	
1. NAME OF DECEASED Alice Holland	2. DATE OF APPI/18,1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased fived, If institution; residence  B. COUNTY before admission)
HOSPITAL OR INSTITUTION /8/9 W. Mulberm St.	
Yrs. Mos. Days	D. STREET ADDRESS, (1f rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify MAPP) Ed	JUNE 1 1889 9. AGE An years It Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork date furing most of worklog life, a year if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
David Buckner	14. MOTHER'S MAIDEN NAME /8200/0 Lee
15. WAS DECÉASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. Yes, po o noknown) (If yes, give war or dates of service) SECURITY NO.	RICHERAL HOLLENS 1819W.
18. 442 X CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL SETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease.	entencine Cardiasenel ?
injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	+0 // .1 3
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	antist pygarting "
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY? YES NO 2
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	io or   21C. WHERE DID (If in Baltimore City, give exact location)
NJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 1	rred at 1:50 Pm., from the causes and on the date stated above.
	238. ADDRESS 23c. DATE SIGNED 4-21-52
24A. BURIAL, CREMA- 100, REMOVAL (Specify)  April 22,1852  Nellem	ERY OF CREMATORY 240, LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  APR 2 1902	Mrs Water RWilliams Schroder St
VS 150	

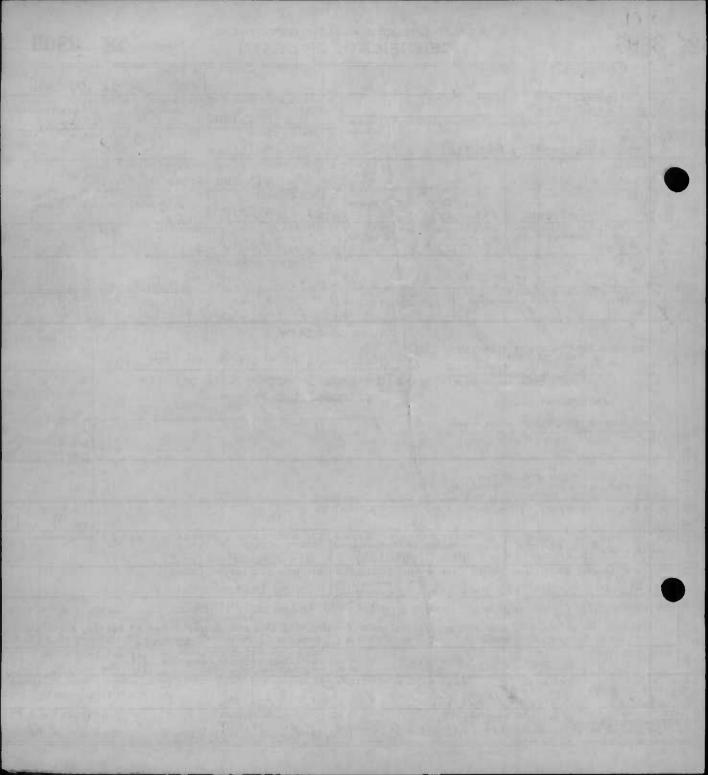


3806 BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Ro. 3806

1 21	CERTIFICAT	E OF DEATH
	NAME OF DECEASED	2. DATE
(T	ype or Print)  JAMES W. THOMAS	DEATH April 17, 1952
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution; residence
	Baltimore City, Maryland	A. STATE Maryland B. COUNTY before admission)
H	FULL NAME OF 'f not in hospital or institution, give street address of OSPITAL OR location	c. CITY OR TOWN (If outside corporate) imits, write RURAL and give
IN	ISTITUTION Individual to Hearth 1	township
	University Hospital Yrs.	Baltimore  D. STREET ADDRESS (If rural, give location)
	Mos.	
	ength of stay in Baltimore Days  SEX [6.COLOR OR RACE   7. SINGLE, MARRIED,	613 Roundview Road
	WIDOWED, DIVORCED (Specify	
10	Male   Colored   Machinia d	march 4, 1815 37
work	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	Burner Shipvard	Washington D.C. WHATCOUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Patrick I homas	L. W. Ojuda Countre
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL  Apper unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(1 ez	(If yes, give war or dates of service) SECURITY NO.	Peth Thouse to Ais 4/3
-		MAIN I NOW OR S WANDERFUN HOT
		OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not mean the mode of dying, e.g.,	wound of the abdomen involving
	injury or complication which caused death.)	epatic artery with massive
	ANTECEDENT CAUSES perit	oneal hemorrhage
7	_ (B)	
NO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO	
NOITY	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
CATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
TFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
CERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
CERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	ATION 20. AUTOPSY?
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESTA OF OPERATION 198, MAJOR FINDINGS OPERA	ATION 20. AUTOPSY? YES X NO
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESTAR OF CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.	ATION   20. AUTOPSY?   YES X NO
EDICAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESCRIPTION CAUSING IT.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  19TH OF THE DISEASE OF CONTRIB. 12b. PLACE OF INJURY (e.g., indicatory, street, office bldg., underlying or contrib. 19b. Major findings of Operation 19	ATION  20. AUTOPSY?  YES X NO  INJURY OCCUR?  613 Roundview Road
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESCRIPTION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19	ATION  20. AUTOPSY?  YES X NO   n or 21c. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?  613 Roundview Road
EDICAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESCRIPTION CAUSING IT.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  19TH OF THE DISEASE OF CONTRIB. 12b. PLACE OF INJURY (e.g., indicatory, street, office bldg., underlying or contrib. 19b. Major findings of Operation 19	ATION    20. AUTOPSY?   YES X No
EDICAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER UNDERLYING OR CONTRIB.  UTING CAUSE WAS UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., industribution control of the disease or contribution causing it.  21B. PLACE OF INJURY (e.g., industribution control of the disease of contribution causing it.  21B. PLACE OF INJURY (e.g., industribution control of the disease of of th	ATION    20. AUTOPSY?   YES   No
EDICAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	ATION  20. AUTOPSY? YES X NO  INJURY OCCUR?  613 Roundview Road ED 21F. How DID INJURY OCCUR? Sharp instrument  bove, held an Autopsy thereon and from Autopsy Inspection or Inquiry
EDICAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	ATION    20. AUTOPSY?   YES X NO     NO   NOT
EDICAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	ATION    20. AUTOPSY?   YES X NO   NOT   N
EDICAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	ATION    20. AUTOPSY?   YES X NO   No.   N
MEDICAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	ATION    20. AUTOPSY?   YES   No
MEDICAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	ATION    20. AUTOPSY?   YES   No
MEDICAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	ATION    20. AUTOPSY?   YES   No



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-5	25
ЭЗЯТН	N3.807

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

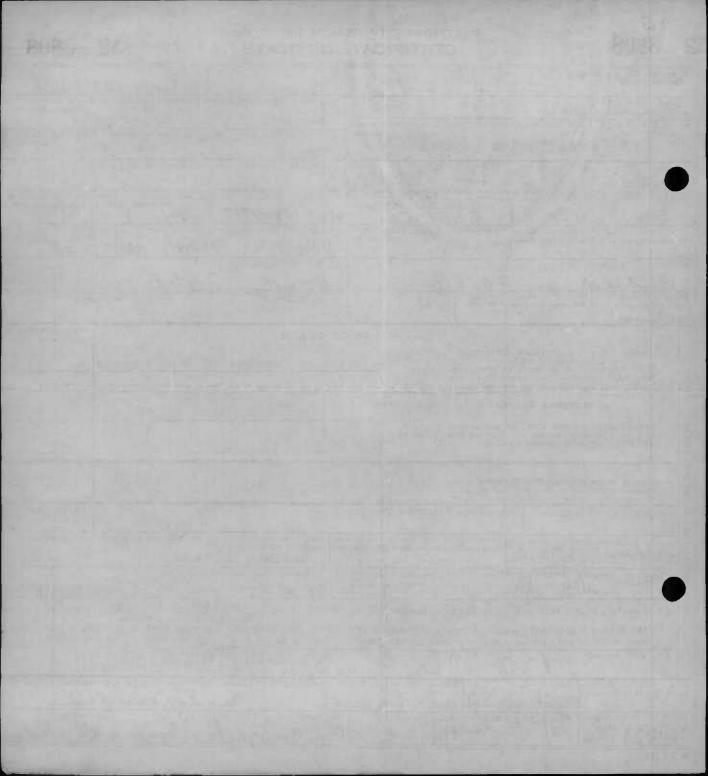
Registered No 1. NAME OF DECEASED 2. DATE (Type or Print) OF -えい-52 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limiter RURAL and give Yrs. REET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGF (In years If Under 1 Year last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) Married 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY abover 13, FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. CAUSE OF INTERVAL BETWEEN 18. 450.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Uremia LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE eneralised arteriosclerosis UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDICA YES NO 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in pr 21A. ACCIDENT WAS UNDER about home, farm, factory, street, pffice bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from 4-1952 that I last saw the 1952, and that death occurred at 2 A. deceased alive on 4-\_m., from the causes and on the date stated above. 23c. DATE SIGNED 4-20 BURIAL, CREMA-24C NAME OF CEMET CATIC Y City, town, or county 24B. TON, REMOVAL (Specify, DATE RECEIVED BY REGISTRAR'S SIGNATUR LOCAL REGISTRAR luglow VS 150

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BI	RTH	NO.		
1.	NAM	E O	F	DE

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 3818

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) SAMUEL C. ROYER	2. DATE OF DEATH April 20, 1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address o	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission) Maryland Howard				
HOSPITAL OR location INSTITUTION Johns Hopkins Hospital					
Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location)				
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	B. DATE OF BIRTH 9. AGE (in years) If Under 1 Year   11 tinder 24 flours				
Male White WIDOWED DIVORCED (Specify MARRIE)	JULY 18-1967 44				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  HOWARD. COUNTY. MD. USA				
A3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
WILLIAM J. ROYER  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	ROSA. GAGE				
(If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  CHUSE OF DEATH  Ingestion of overdose of barbiturates of the disease, and the disease,					
TO THE DISEASE OR CONDITION CAUSING IT.					
U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?				
그	YES NO X				
21a. EXTERNAL CAUSE WAS UNDERLYING MORE OF CONTRIB. CAUSE OF DEATH.  21b. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg. home  21c. TIME (Month) (Day) (Year) (Hour)  21c. INJURY 4/20/52 4:00 P. WHILE AT NOT WHILE AT WORK	Glenleg, Maryland  RED 21F. HOW DID INJURY OCCUR?				
the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural eauso	above, held an inspection & inquiry thereon and from  Autopsy, Inspection or Inquiry  Inquiry, find that said deceased died on the day stated above cs , aecident , suicide , homicide , undetermined .  23B. CHIEF MEDICAL EXAMINER				
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Quil 23,52 mt. Corr	nel unity, maryland.				
LOCAL REGISTRAR Tuntington Williams, My	Roy av Barber. Sayloneville Med.				
VS 151 N 971.0					



# 2 3809

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3809 Registered No.

В	RTH NO.							
	NAME OF D ype or Print)	ECEASED	Mar	Y H.	Green	2. DATE OF DEATH	April-1	19-1952
	PLACE OF D		20740	(): +		ENCE (Where deceased	d lived. If instit	
		OF (If not in hospit		on, give street address of		vland	JAIT /	Terore admission)
H	SPITAL OR			location	c. CITY OR TOWN	(If outside corpo	rate limits, wr	ite RURAL and give
	M	ercy Hospit	tal		Balti		10	2
				Yrs. Mos.		SS (If rural, give loo	eation)	
c.	Length of s	tay in Baltimore	15 Yrs	Days	11 12 15 17	Iton Ave A	pt.A 3	-111
5.	SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specif	8. DATE OF BIRTH	9. AGE (In	years   H Under	I Year If Under 24 Hours Days Hours Min.
FE	emele	Col.	Marri		Dec-15-191	4 50 000	1023)	24,5 110415 11111
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	II. BIRTHPLACE (S	State or foreign country		CITIZEN OF
	Housewin	of working life, even if retired)	At Ho	INDUSTR	mm n m a	n Virginia	77 (	WHAT COUNTRY
	FATHER'S		1 20 110	)IIIC	14. MOTHER'S MA		10.00	Jene
	Otas III	nd. Dim			manna	T) 4 mm		
15		rlie Dix	D FORCES?	I 16. SOCIAL	Tillie	Dix		
(Ye	, no or naknown)	(If yes, give war or date	es of service)	SECURITY NO.	17. INFORMANT	W 71 . 37 . 0	ADDRI	
	0				Mary Green	1719 N. Ca		
	18. 33/	× 1		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION	DIRECTLY	70				
	(This does	LEADING TO DEA	of dylng, c. g	. (A) Cere	heal Hes	nowhace		4-19-57
	heart failu	re, asthenia, etc. It mes complication which	ans the discase	9,				
	injury or	Compression which	caused deam	., 502 10				
		ANTECEDENT CAUS	SES	24	pertension			
N	DISEASES	OR CONDITIONS, I	FANY GIVIN		reversion	••••••		
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH					
A	UNDERL	ING CONDITION E	451.	(C)	***************************************			
ERTIFICATION								
E	OTHER S	II IGNIFICANT COND	ITIONS CON					
E	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D Same	/			
U				FINDINGS OF OPE	RATION			20. AUTOPSY?
AL		0						YES NO
NO.		ENT WAS UNDER-	2 IB. PLA	CE OF INJURY (e. g.	in or   21C. WHERE D		re Clty, give	
MEDICAL		R CONTRIBUTING		arm, factory, street, office bldg		R?		
~		(Month) (Day) (Year	) (Hour)	2 IE. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?		
	UNJURY		m.	WHILE AT WORK AT WORK				
	22. I horeh	a contifu that I at	tonded the	deceased from D	cember, 195.	i to 4-10	1952th	at I last sam th
Н		live on 4/10	A parties		urred atm.			
н	23A. SIGNA			ana inai dedin occi	23B. ADDRESS	, from the causes a		C. DATE SIGNED
	H	ewello	me	м. D.	1131 Han	len avenu	e 5	+/21/52
	AA. BURIAL, ON, REMOVAL (S		2	24C. NAME OF CEMET	ERY OR CREMATORY	24D. LOCATION (C	ity, town, or ec	ounty) (State)
- 10	Burial	4/22/19	152	It Calvery	Cem.	Brooklyn	Md	
D	ATE RECEIVE	D BY   REGISTRAR			LAS FUNERAL DIR			DRESS
	OCAL REGIST		witor	Villiama Mi	Eliania 1	War In	1 Bui	Ith and
_	APK Z 1 1	977		Terrain 1117		The state of the s	1.000	

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3810 Registered No.

	NAME OF E	ECEASED				2. DATE	
(T	'ype or Print)	Edward		Johnson		OF DEATH4 /19 /	1952
	PLACE OF D	City, Maryland Be			4. USUAL RESIDENCE (		institution: residence before admission
В.	FULL NAME			ion, give street address or	Maryland	d .	~ /
	OSPITAL OR			location)	c. CITY OR TOWN (I	f outside corporate limits	s, write RURAL and give
5.	90	2 Shields H	lace		Baltimore		Cownsinp 
				Yrs. Mos.	D. STREET ADDRESS (In	f rural, give location)	
9	ngth of s	tay in Baltimore		Days	902 Shields		
5.	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year II Under 24 Hours nths: Days Hours Min.
	lale	COl.	Sing		Oct-24-1931	20	
worl	k done during most	of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1		12. CITIZEN OF WHAT COUNTRY
13	Labore B. FATHER'S		I In (	rneral	Virginia		U.S.A.
		dan 1			14. MOTHER'S MAIDEN N		
	Jachop	Keets ED EVER IN U. S. ARMEI		Lancon	Alverta Joh	nnson	
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AI	DDRESS
	No				Alverta John	1son 902 Sh	ields Place
	18. 42	/·/ I		CAUSE	OF DEATH		ONSET AND DEATH
		SE OR CONDITION	TH	1/20	1/1/1/1/1	det Ten	1 9
	(This does heart failt	s not mean the mode oure, asthenia, etc. It mes	of dving e o	e. (A)/////	- / MINTER	ica justy	
	Injury or	complication which	aused death	.) DUE TO	1 11	_ / /	
		ANTECEDENT CAUS	SES	//	nhi Min	nio	17
N	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)			
Ē	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	HE DUE TO	and to	1:10	
ERTIFICATION				(c)	10		
TIF		11		-			
ER	TRIBUTING	GIGNIFICANT CONDI	NOT RELATE	D			
U		F OPERATION   1			ATION.		
A L	ISA, DATE	OF OPERATION O	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY7
EDICAL	21A. ACCIE	ENT WAS UNDER-	21B. PLA	ACE OF INJURY (e. g., i	n or   21c. WHERE DID (	(If in Baltimore City, g	
	LYING O	R CONTRIBUTING DEATH	about bome,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
1	INJURY			WHILE AT NOT WHILE			
	22 77 7		m.	WORK AT WORK	- h 10 6h /	11-18 11	3
		live on	ended the	deceased from	-2 , 196 2 to freed at 11.30 km., from	192	that I last saw the
	23 FIGNA		., 19	ana that weath occur	3B-ADDRESS /	the causes and on th	23c. DATE SIGNED
	1/12	166/. 11	Lesto	M. D.	X 6 ( // Harles	M	4-21-52
64	BURIAL,	CREMA 24B. DATE		24 NAME OF CEMETE	BY OR CREMATORY 240. L	OCATION (City, town,	of county) (State)
1 '''	Burial	4/22/19	52	Arbutus Lien	n. Park Arl	butus Md	
D	AME SESSION	D BY REGISTRAR	S SIGNATIL		TUNERAL DIRECTOR		ADDRESS
	APRZIS	952 Huntin	gton /	Velliacus M.P.	Charpo ML	brylow B	unity MY
=	VS 150		)		. 24		
				97/19	14		V

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3B-1	58250	
BIRTH	TER	

#### BALTIMORE CITY HEALTH DEPARTMENT

52 3811

BIRTH NO.		CERTIFICATE	OF DEATH	Registered	d No
1. NAME OF DECEASED (Type or Print) Max B	ottke			2. DATE OF DEATH	-19-1952
3. PLACE OF DEATH: A. Baltimore City, Maryla			A CTATE	NCE (Where deceased lived. Yland B. COUNTY	If institution: residence before admission)
	in hospital or instituti re City Hosp stern Avenue	oitals location)	c, CITY OR TOWN		mits write RURAL and give township)
c. Length of stay in Baltin	more 30 y	Yrs. Mos. Days		ss (If rural, give location) lose Street-zone	
5. SEX 6. COLOR OF	WIDOW	MARRIED, ED, DIVORCED (Specify)	Jan. 18, 189	9. AGE (In years last birthday)	
10A. USUAL OCCUPATION (G work done during most of working life, even Foreman	ifretired)	of Business or INDUSTRY Blackwell Co		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY? Germany
13. FATHER'S NAME		MNED VEG. M)	14. MOTHER'S MAI	DEN NAME unknov	
15. WAS DECEASED EVER IN U. (Yes, no or unknown) (If yes, give w	S. ARMED FORCES? var or dates of service)	16. SOCIAL 216-03-0949	17. INFORMANT Baltimore Records: 1.916	e City Hospital	ADDRESS S
DISEASE OR COND LEADING T (This does not mean the heart failure, asthenia, et injury or complication  ANTECEDEN'  DISEASES OR CONDIT RISE TO THE ABOVE CAU UNDERLYING CONDIT	O DEATH  mode of dying, e. g  to the means the disease which caused death.  T CAUSES  IONS, IF ANY, GIVIN USE (A) STATING TH	(A) Cerebr	of DEATH	<b>e</b>	interval between onset and death 4 hrs.
DISEASES OR CONDITED TO THE ABOVE CALUNDERLYING CONDITED TO THE DISEASE OR	H, BUT NOT RELATE NOITION CAUSING IT	D	ATION		20. AUTOPSY7 YES NO
Z1A. ACCIDENT WAS UN LYING OR CONTRIBU-CAUSE OF DEATH  DID. TIME (Month) (Day	TING   about home, for	CE OF INJURY (e.g., in arm, factory, street, office bldg., c	(c.) INJURY OCCUR		y, give exact location)
22. I hereby certify the deceased alive on 1-23A. SIGNATURE	at I attended the	deceased from 4-	13 , 1952, red at 9:30a m., 3B. ADDRESS 1940 Eastern	from the causes and on	the date stated above.  1. The date stated above.
Burial Apr.	. 22, 1952	Oak Lawn Cemet	tery	7225 Eastern Av	re., Balto. Md.
LOCAL REGISTRAR	etrar's signatu	Villiams Mos	Schimunek F 2601-3-5 E	uneral Home, Ir Madison St.	ADDRESS
VS 150	0:	523	12		

B / CO20 THE STATE OF THE SERVICE STATE STATE OF THE STATE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CLTY OR TOWN JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. life ength of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min. 8. DATE OF BIRTH widowed 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR .12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U.S.A. Watchman Dietrick Bros. Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adam Busse 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. OHNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! 1952 that I last saw the 22. I hereby certify that I attended the deceased from. \_, and that death occurred at 4.35 Fm., from the eauses and on the date stated above. deceased alive on 19\_ 23A BIGNATURE 238. ADDRESS 23c. PATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) 24B. DATE Apr. 22, 1952 Woodlawn Cemetery Woodlawn. Md. Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE Schimunek Funeral Home, Inc. 5 E. Madison St VS 150

NOT A MEDICAL EXAMINER'S CASE

ADulacles M.D.

CHIEF GR ASS'T MEDICAL EXAMINER

MINING POSTS DE AL

The street of

was the state of

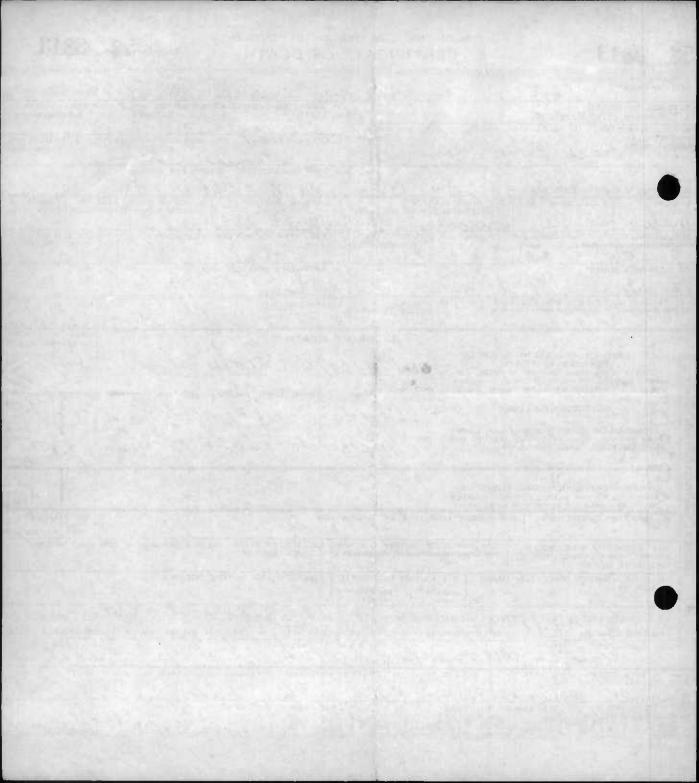
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3 47 53 43813

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered So. 3813

NAME OF DECEASED	2. DATE
Type or Print) Proseph Shildowski Jos	enh Shidlowski DEATH 4-18-32
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE before admission)
FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
NSTITUTION South Balta. General	Rolt township)
Yrs.	D. STREET ADDRESS (If rurai, give location)
gth of stay in Baltimore 42 Years Mos.	ALLE Belain Board
Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year   If Under 24 Hours
WIDOWED, DIVORCED (Specify)	
nale while married	ang 20 10 931 318
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retiged)	11. BARTHPLACE (State or foreign country)   12. CITIZEN OF   WHAT COUNTRY?
Rivetter md. Dry Dock	Paland U.S.g.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thodden thidlaushi	Olis Tatrio ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS ALL X
(es, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	1. 18 18 20 3010
1	DEATH WHAT AND STANDER BETWEEN
18. 420.0 1 CAUSEC	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	asudial inlavation Nove
(This does not mean the mode of dying, e.g., (A)	ca/0/0/ //// 0/ 0// 0//
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANYEGERALT CALLORS	4 , 1
ANTECEDENT CAUSES	nary oxicry occiusion days
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ATTE	roselerosis heart disease years
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	
	ATION 20. AUTOPSY?
	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g.,	n or   21c. WHERE DID (If in Baltimore City, give exact location)
	n or   21c. WHERE DID (If in Baltimore City, give exact location)
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR WHILE AT HOT WHILE	m or 21c. WHERE DID (If in Baltimore City, give exact location)  ED 21f. HOW DID INJURY OCCUR?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bidg., CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR	n or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR WHILE AT WORK  22. I hereby certify that I attended the deceased from	n or 21c. WHERE DID (If in Baltimore City, give exact location)  ED 21f. HOW DID INJURY OCCUR?    19
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING  21b. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., CAUSE OF DEATH  21d. TIME (Month) (Day) (Year) (Hour)  21d. INJURY OCCURR WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occur	PYES NO NO NOT STATE OF THE PROPERTY OF THE PR
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bldg., CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occur.	PYES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 1952 and that death occur  23A. SIGNATURE  (1956)  21B. PLACE OF INJURY (e. g., i about bome, farm, factory, street, office bldg., about	PYES NO NO NOT STATE OF THE PROPERTY OF THE PR
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING  21b. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bidg., CAUSE OF DEATH  21d. TIME (Month) (Day) (Year) (Hour)  21d. TIME (Month) (Day) (Year) (Hour)  21e. Injury Occurr while at work  21e. Injury Occurr hot while at work  22. I hereby certify that I attended the deceased from deceased alive on 19 2 and that death occur  23a. SIGNATURE  24a. BURIAL, CREMA-1 24b. DATE  24c. NAME OF CEMETE	PYES NO NO NOT STATE OF THE PROPERTY OF THE PR
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING  21b. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bidg., CAUSE OF DEATH  21d. TIME (Month) (Day) (Year) (Hour)  21d. TIME (Month) (Day) (Year) (Hour)  21e. Injury Occurr while at work  21e. Injury Occurr hot while at work  22. I hereby certify that I attended the deceased from deceased alive on 19 2 and that death occur  23a. SIGNATURE  24a. BURIAL, CREMA-1 24b. DATE  24c. NAME OF CEMETE	PYES NO NO NOT STATE OF THE PROPERTY OF THE PR
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occur  23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE 110N. REMOVAL (Specify)  BLANCE DATE RECEIVED BY REGISTRAR'S SIGNATURE  DATE RECEIVED BY REGISTRAR'S SIGNATURE	PYES NO NO NOT STATE OF THE PROPERTY OF THE PR
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 11ON, REMOVAL (Specify) 24B. DATE 11ON, REMOVAL (Specify) 24C. NAME OF CEMETE	PYES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occur 23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE 100N, REMOVAL (Specify)  BALLIA 2  ALL J J Holy Redexage  ALL J J Holy Redexage  CAL REGISTRAY SIGNATURE  LOCAL REGISTRAY SIGNATURE	PYES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occur  23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE 110N. REMOVAL (Specify)  BLANCE DATE RECEIVED BY REGISTRAR'S SIGNATURE  DATE RECEIVED BY REGISTRAR'S SIGNATURE	PYES NO NO NOT STATE OF THE PROPERTY OF THE PR



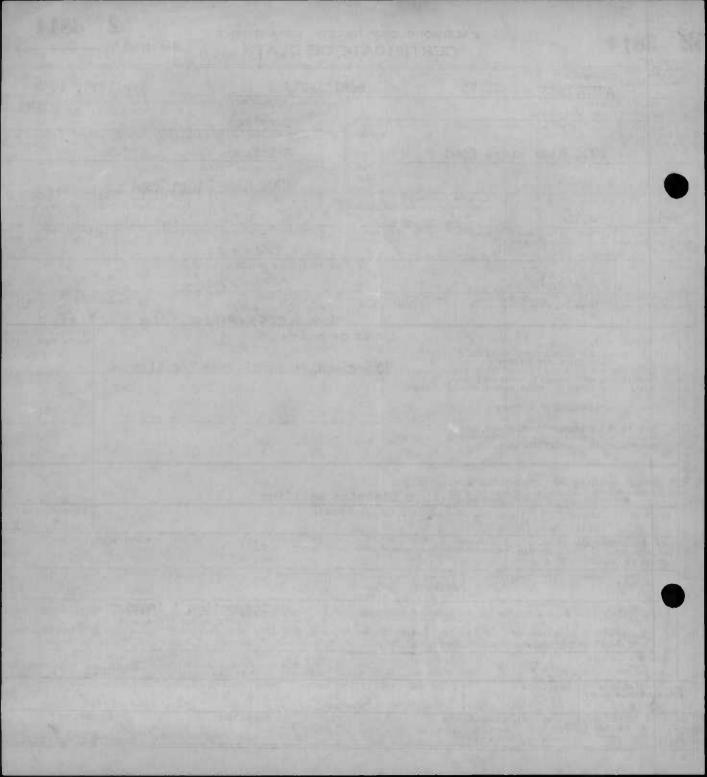
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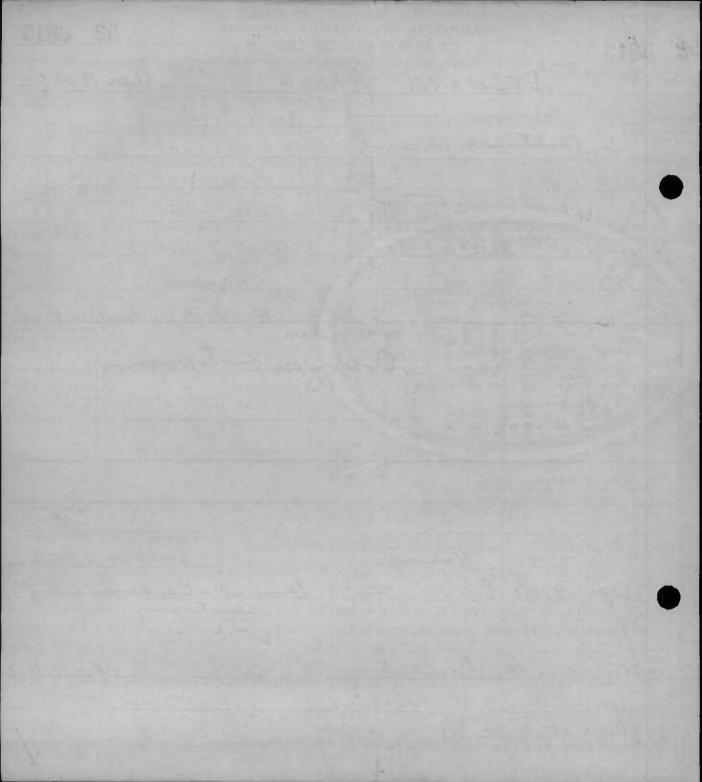
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) STEVE SARIGIANTS ARISTIDES DEATH April 19, 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Marvland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, while HUML and give INSTITUTION township) 4704 Blue Ridge Road Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4704 Blue Ridge Road ingth of stay in Baltimore Days 9. AGE (in years If Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE SINGLE, MARRIED, 8. DATE OF BIRTH male white Marriso 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? JAERCE UWHER auran 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ohn 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 3. TOADDRESS 17.JNFORMAN SECURITY NO. (Yes, no or unknown) CAUSE OF DEATH 44 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Diabetes mellitus TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🕱 accident 🗆, suicide 🗖, homicide 🗖, undetermined 🗀. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, GREMA-248. DATE

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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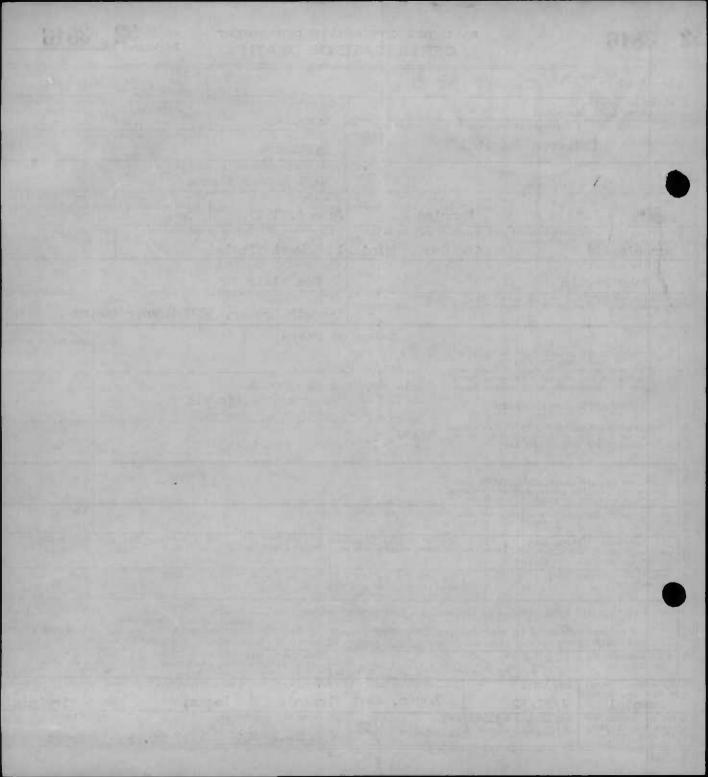


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(Type or Pr	OF DECEASED of DEATH:	DESM	OND	HA	NNA USUAL RESID		OF DEATH Q	Pr 19	,195z
	AME OF OR OR	rland ot in hospital or institut		ress or	STATE NOT 7	of Dres	land	' b	RURAL and give township)
c gth	of stay in Bal	the state of the s		Mos. Days	STREET ADDR	BENVI		Par K	0.5
	6. COLOR L OCCUPATION g most of working life, e	(Givekindof) 10B. KIND	MARRIED,	OR 11.	8/6/19 BIRTHPLACE	34 State or foreign	17	Months Da	Hours Min.  FIZEN OF
app	Prutice R'S NAME	*HErch	aut Nav	14	SEL SA.	alden NAME			
15. WAS DE Yes, no or uni	CEASED EVER IN (If yes, giv	U. S. ARMED FORCES? e war or dates of service)	16. SOCIAL SECURITY	NO. 37	INFORMANT	laddoc	40	ADDRESS	4 Nzad
(Thi	LEADING as does not mean	NDITION DIRECTLY TO DEATH the mode of dying, e. etc. It means the disea	g., (A) Q	ise of	DEATH  YY	due to	diow		ERVAL BETWEEN SET AND DEATH
Z DIS	ANTECED!	n which caused death ENT CAUSES DITIONS, IF ANY, GIVI	1.) OUE TO  (B)		0	•••••			
TICATI	DERLYING CONI	11	(C)						
TRIB	UTING TO THE DI	IT CONDITIONS CO EATH, BUT NOT RELAT CONDITION CAUSING ION 19B, MAJOR	EO	OPERATI	ON				D. AUTOPSY?
UNDER	CTERNAL CAUSI LYING OR C	ONTRIB- about home	ACE OF INJURY farm, factory, street, office		21c. WHERE I		Baltimore Ci	ty, give exa	
21D. TI OF INJ	ME (Month) (D	ay) (Year) (Hour) 7,/952 Pm.	WORK AT	WHILE	21F. HOW DIE	ned w	CCUR?	evin	min
th	e evidence obt	took charge of the ained by said Aut opinion resulted	opsy. Inspection	or Inqu	iry, find that, accident	suieide [	, homicide	airy n the day ¬, undeter	mined [].
ZAA. BUX	TAT (STIPE SU	B. DATE	24C. NAME OF CE	METERY O	23B, CHIEF M ASSISTANT M MEDICAL INV	EDICAL EXA ESTIGATOR	MINER	apr	-20,1952
Bur DATE REC	ial	GISTRAR'S SIGNAT		eine	FUNERAL DIE	Jue. 1	217 St.	Paul	ESS T.
V S 151	N 990	<	673	53			1		V



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2	3816		DAI	CERTIFICATI	F OF DEATH		red No. 3816	
BI	RTH NO.			CERTIFICATI	E OF BEAT			
	NAME OF D ype or Print)		ARET	TROWER		2. DATE OF DEATH AP	ril 20, 1952	
A.		City, Maryland		ion, give street address or	4. USUAL RESIDE A. STATE Maryland	NCE (Where deceased live B. COUNT		
H	FULL NAME DSPITAL OR ISTITUTION	Lutheran Ho		location)	c. CITY OR TOWN Baltimore	(If outside corporate	imits, write RURAL	nnd give ownship)
7	eneth of s	tay in Baltimore		Yrs. Mos. Days	o. street addre	r Avenue	n)	
	SEX Female	6.COLOR OR RACE White	7. SINGLI WIDOW	E. MARRIED. VED. DIVORCED (Specify)	B. DATE OF BIRTH	last birthday	rs If Under I Year If Und Months Days Hour	der 24 Hours rs Min.
Worl	A. USUAL OC done during most	CUPATION (Glvekind of of working life, even if retired) A1d		of BUSINESS OR INDUSTRY Grove Hospits		state or foreign country)	12. CITIZEN C	
13	. FATHER'S 1	NAME .		*	14. MOTHER'S MA	IDEN NAME		
	John	Martin			Eva Blair			
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARME! (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Kenneth Trov	ver, 3023 Rayne	ADDRESS or Avenue	
CERTIFICATION	DISEASE RISE TO I UNDERL'	complication which of ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LAST ON THE ABOVE CONDITION CONDITION CONDITION OF TO THE DEATH, BUT DISEASE OR CONDITION	F ANY, GIVII STATING T AST.	DUE TO Gas DUE, TO Per BE Self i	on Nephrosis Gangrene Se foration of nduced abort	pticemia Uretus	-	
٠.				FINDINGS OF OPER	ATION		20. AUTO	PSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	218. PL/ about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	n or 21c. WHERE D INJURY OCCU		City, give exact location	on)
M	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F, HOW DID	INJURY OCCUR?		
	22. I eerti	fy that I took char	ge of the	remains described a	bove, held an	autopsy	thereon and	d from
	the even	idence obtained by eath in my opinion	said Auto	opsy, Inspection or I from: natural causes	'nquiry, find that	Autopsy, Inspection or Ing said deceased died o suicide [], homicide	n the day stated	above
	23A. SIGNA	TURE / 8	Kno	her M	238. CHIEF ME ASSISTANT ME D. MEDICAL INVI	DICAL EXAMINER Z EDICAL EXAMINER D ESTIGATOR	4/21/52	ED
TIC	removal (S	specify)		Logan, West		Logan,	West Virgi	(State)
	R 21 19			Miliaus M.	75. FUNERAL DIR	1217 St.	ADDRESS Paul Street	1
V	S 151			7308	T			

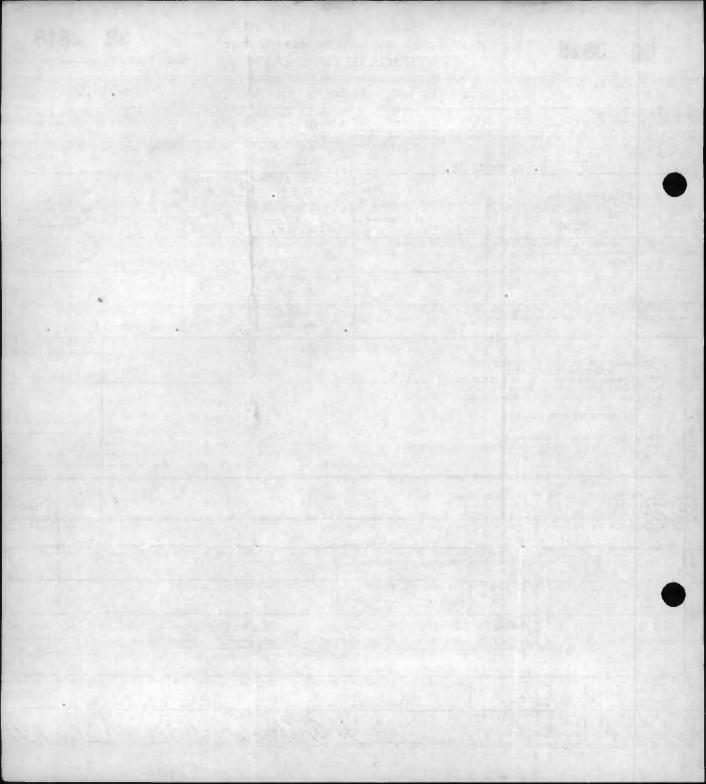


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BALTIMORE CITY HE				EALTH DEPART	MENT		3817		
BI	RTH NO.	381	7		CERTIFICAT	E OF DEAT	H	Registered No.	3017
	NAME OF ype or Prin	DECEAS	nect	130	evch			ATE OF ATH 4-2	1-52
		e City, M	Iaryland			4. USUAL RESIDE	ENCE (Where de		stitution: residence before admission)
HC	FULL NAI SPITAL O STITUTIO	OR	(If not in hospit	al or institu	tion, give street address or location)		(If outside	corporate limits,	write RURAL and give
3	31110110	Uni	versity	Ho	spital Yrs.	Pu / XC	15 burg	ive location)	township)
c.	Length o	f stay in	Baltimore		Mos. Days	2001	Plum	ST	
5.	SEX	6.COL	OR OR RACE		E, MARRIED. WED, DIVORCED (Specify)	B. DATE OF BIRTH	las		der 1 Year II Under 24 Hours hs Days Hours Min.
			ION (Give kind of life, even if retired)	108. KIN	D OF BUSINESS OR	Dec. 9, 188		ountry) 12	2. CITIZEN OF WHAT COUNTRY?
	17a	7450	- 1	Baki	ng Co.	Ohio			us.
13	FATHER	SNAME	+ R	/		14. MOTHER'S MA	IDEN NAME	7	
15	. WAS DEC	EASED EVER	IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	a may	MA 4	DRESS
(Yes	, no or nakao	own) (11 ye	s, give war or date	e of service)	SECURITY NO.	Mrs. Clara	BurchPar		W. Va.
ERTIFICATION	(This heart is injury DISEARISE TUNDE	LEAD does not m ailure, asth or compli  ANTEC ASES OR C O THE ABC RLYING C	CONDITION ING TO DEA' san the mode of enia, etc. It mes eation which of CEDENT CAUS ONDITIONS, I IVE CAUSE (A) CONDITION LA  II CANT CONDI IE DEATH, BUT	TH  If dying, e. In sthe disea caused deat  SES  FANY, GIVI STATING T  ST.  TIONS CD  NOT RELAT	g., (A)	ve hepl	on They	loris Sances	INTERVAL BETWEEN ONSET AND DEATH
LC			RATION 3 1		R FINDINGS OF OPE	RATION			20. AUTOPSY?
EDICA							The second second		
Σ	D. TIM		(Day) (Year	(Hour)	21E. INJURY OCCURS WHILE AT NOT WHILE WORK AT WORK		INJURY OCC	UR?	
	22. I hereby certify that I attended the deceased from 4-4-52, 19, to 4-31, 1952 that I last saw th								
		d alive on	4-21	_, 19_5_3		rred at 103Am.	., from the car	ises and on the	date stated above.
	23A. 310	The same	Thur	4	м. р.	Unever I	Hosp	tel	4-21-52
24 TI	A. BURIA	L. CREMA- L (Specify)	248. DATE		24c. NAME OF CEMETI	ERY DR CREMATORY		ON (City, town, or	
_	oval	IVED BY	4/21/9	S SIGNAT	₩RE	25. FUNERAL DIE		ourg, W. Va	ADDRESS
4	PPR 25	1952	Huntin	ator	Williams, M.J.	1/m.	Lick	nert	Sms
	VS 15	0	· ·	0-	290	44	9	Buth	md.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3818 Registered No.

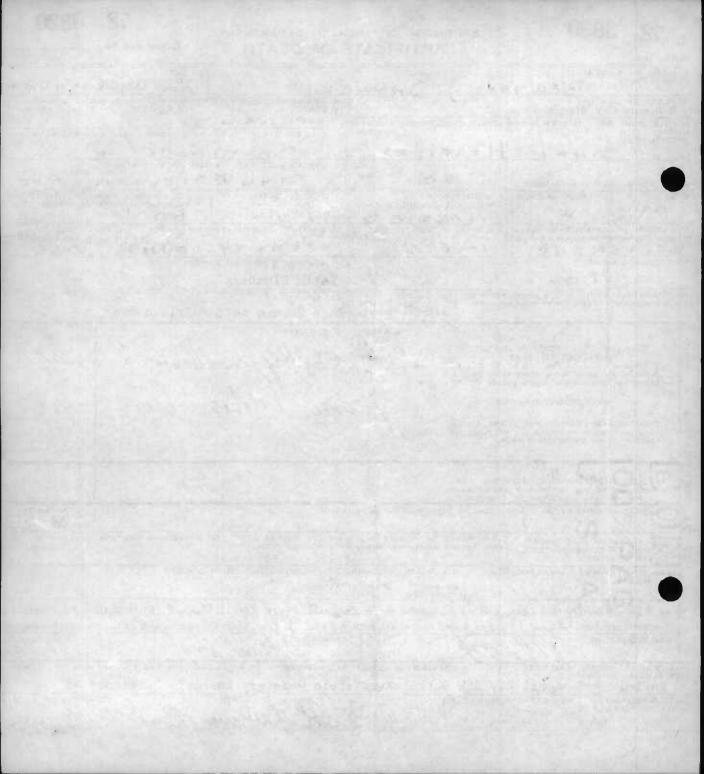
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Mary Elizabeth Lacy Br	adley 2. DATE OF Apr.19,1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION 2933 N.Calvert St.					
c. Length of stay in Baltimore  Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location) 2933 N. Calvert Street				
Female   6.COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   Married	8. DATE OF BIRTH  9. AGE (In years of Under 1 Year Months Days Hours Min. 75				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At Home	11. BIRTHPLACE (State or foreign country)  Baltimore, Maryland  12. CITIZEN OF WHAT COUNTRY				
James J. Lacy	14. MOTHER'S MAIDEN NAME Catherine Hurley				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS J. Lacy Bradley 220 E. University Pky.				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	OF DEATH OF DEATH ONSET AND DEATH ONSET AND DEATH  3 524 R  thriorchrosio  Muknown				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OPERATION   19B. MAJOR FINDINGS OPERATION   19B. MAJOR FINDINGS OPERATION   19B. MAJOR FINDINGS OPERATI	RATION 20. AUTOPSY?				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,					
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  WHILE AT WORK   NOT WHILE   AT WORK					
	7, 1952, to April 19, 1952, that I last saw the red at 6271 m., from the causes and on the date stated above 23B. ADDRESS  2923 W Taul 20 23c. DATE SIGNED				
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 4/22/52 24c. NAME of CEMETE					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Turbugton Williams My?  VS 150	25. FUNERAL DIRECTOR ADORESS WILLIAM Son 805 7 Calvert S				



4 the BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write POLAL and give township) Yrs. (If rural give location) Mos. c. Length of stay in Baltimore SINGLE, MAJARIED, WIDOWED, DIVORCED (Specify) 8. DATE OF 9. AGE (In years) H Undar 1 Year last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Give kind of KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20, AUTOPSY EDICAL YES 218, PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 19. that I last saw the deceased alive on and that death occurred at\_ mm., from the causes and on the date stated above. 234. SIGNATURE 238, ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B, DATE 24C. NAME OF CEMETERY OF CREMATORY TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR 25. FUNERAL DIRECTOR ADDRESS

VS 150

DATE RECEIVED BY LOCAL REGISTRAR



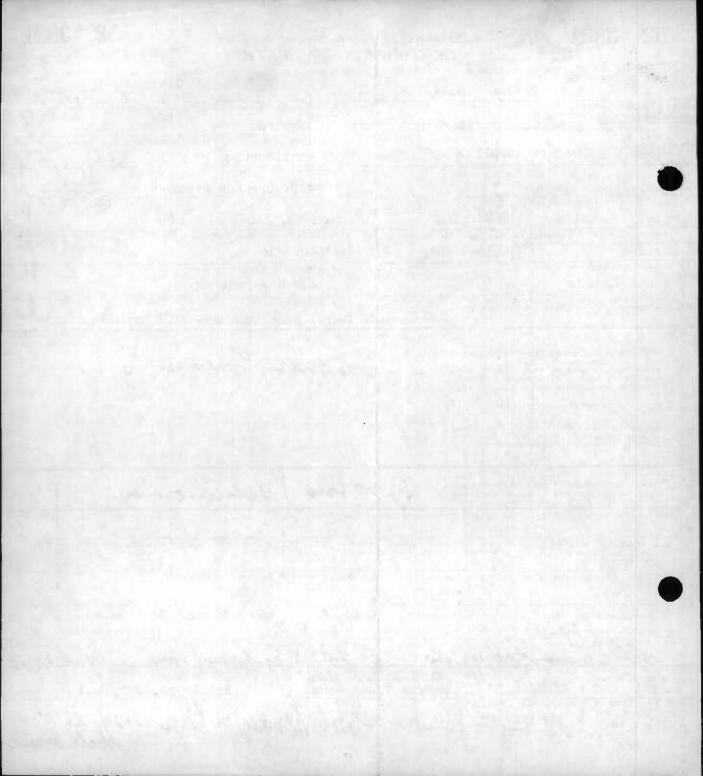
1. NAME OF DECEASED (Type or Print)

BIRTH NO.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) SAMU	JEL TU	CHMAN		2. DATE OF DEATH AD	ril 21,1952	
3. PLACE OF DEATH:  A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission			
B. FULL NAME OF (If not in hospite HOSPITAL OR INSTITUTION Doctors Ho		ion, give street address or location)	Maryland c. CITY OR TOWN (In baltimore	f outside corporate lin	mits, write RURAL and giv	
c. Cigth of stay in Baltimore		Yrs. Mos. Days	d. STREET ADDRESS (If	rural, give location)		
male   6. COLOR OR RACE   White	Wildow Marr	MARRIED. ED_DIVORCED (Specify) LEC	8. DATE OF BIRTH Aug. 18, 1883	9. AGE (In years last hirthday)	Months Days Hours Min	
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) Foreman	cloak	of BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f Austria	oreign country)	VHAT COUNTRY	
Cecel Tuchman		(M	14. MOTHER'S MAIDEN NAME Sarah Barenbaum			
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO 215-05-1803	17. INFORMANT Mrs. Anna Tuchma	n- 4201 Gra	ADDRESS anada Avenue	
DISEASE OR CONDITION IN LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean in jury or complication which es ANTECEDENT CAUSI DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST TRIBUTING TO THE DEATH, BUT NOT THE UTING TO THE DEATH, BUT NOT THE LEATH, BUT NOT THE L	H  C dying, e. g  is the disease  used death  ES  ANY, GIVIN  STATING TH  ET.  FIONS CON  NOT RELATE	(B)	ronary Th		ONSET AND DEATH	
TO THE DISEASE DR CONDITION  19A. DATE OF OPERATION  19		FINDINGS OF OPER			20. AUTOPSY?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (INJURY)  22. I hereby certify that I attodeceased alive on the cause of the cause	(Hour) 2 m.	and that death occur	21F. HOW DID INJURY	occur?	YES NO L., give exact location)  Lihat I last saw the the date stated above  23c. DATE SIGNED	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 4/22/52		4-WINDSOR MELE Hebrew Young	7	OCATION (City, town ltimore, Ma:		
DATE RECEIVED BY REGISTRAR'S APR 22 1952	SIGNATU		28. FUNEFAL DIRECTOR	Bros -11	ADDRESS 24-26W.	
VS 150	8	523 46	2 Company of the comp	10000	North Grenne	



52 38223822 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ROSIE WEST 4-21-52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland 2802 BAKER B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or MARUIZIND HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township BZITO. Yrs. D. STREET ADDRESS (If rural, give location) LIFE Mos. 2802 c. pength of stay in Baltimore Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED B. DATE OF BIRTH H Under 1 Year 9. AGE (in years) last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Boscify) 3-9-1892 60 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY INDUSTRY MARVIAND DOMESTIC MOUSE WORK . U.S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Md. 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (Yee, no or nnknown) SECURITY NO FLOYD 2802 BAKER INTERVAL BETWEEN 18. 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

O. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT NOT WHILE!

21B. PLACE OF INJURY (e.g., in or

22. I hereby certify, that I attended the deceased from. 20 5 19-

> 23B. ADDRESS 24C. NAME OF CEMETERY ON CREMATORY 24D OCATION (City, town, or count)

and that death occurred at

24A. BURIAL, CREMA-24B, DATE TION REMOVAL (Specify)

DATE RECEIVED BY

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

23c DATE SIGNED

20. AUTOPSY

that I last saw the

YES

(If in Baltimore City, give exact location)

1-1m., from the causes and on the date stated above.

25. FUNERAL DIRECTOR

RTIFICATION

EDICA

VS 150

deceased alive on.

23A. SIGNATURE

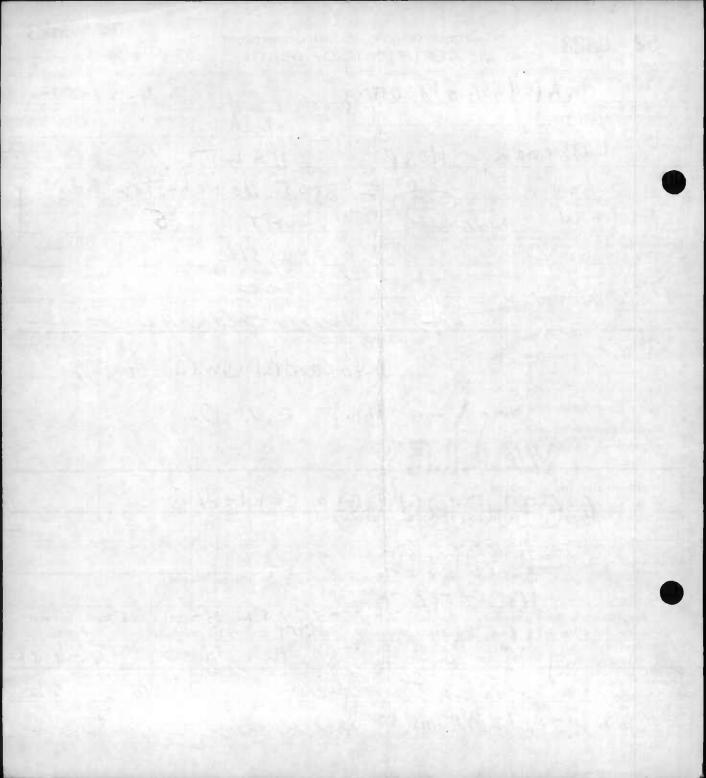
ADDRESS

Company of the same - July Succession Line of the Control of - 15/15 Sc. 5/15 -- 6270 was not

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No\_

BIRTH NO.								
(Type or Print) MARY (rold ber	2. DATE OF DEATH 4->1-5>							
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)							
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  (If not in hospital or institution, give street address or location)  (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
Yrs.	o. STREET ADDRESS (If rural, give location)							
c. Light of stay in Baltimore  Days  5. SEX   6. COLOR OR RACE   7. SINGLE MARRIED.	3805 Dorchester Rd.							
WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years if Under I Year last birthday) Months: Days Hours Min.							
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL	- Torce							
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Joseph Goldberg - James							
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH							
LEADING TO DEATH	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) MYO CANDIAL ON SUFFICIENCY							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
ANTECEDENT CAUSES	T. C.V. D.							
DISEASES OR CONDITIONS, IF ANY, GIVING	1. C.V. D.							
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	hno schlerusis							
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER								
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (c. g., i								
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	oto.) INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE								
m. WORK AT WORK								
22. I hereby certify that I attended the deceased from deceased alive on 1. 18 and that death occur	din = a							
Marana A - Danalia -	38. ADDRESS 23c. DATE SIGNED							
M. D.   24A. BURIAL, CREMA- 24B. DATE   24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
would 4-22- Ir united He	brew totalto Ma							
PR22 SOE Huntington Williams, Mg.	ack Leuis Be 2100 Certain Pl							
VS 150	W 14 4							



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3824
Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE		
<u>r</u>	MMA LILLY WURACE		DEATHAPTIL		
A. Baltimore City, Maryland		4. USUAL RESIDENC	E (Where deceased lived, If	institution : residence before admissio:	
	al or institution, give street address or	Maryla	nd .		
HOSPITAL OR	location)	C. CITY OR TOWN	(If outside corporate limits		
733 W. Pra	tt St.	Baltime	ore 22-0	townshi	
	Yrs.		(If rural, give location)		
math of store in Politicano	Mos.	722 17	Donald Channel		
5. SEX 6. COLOR OR RACE	Days 7, SINGLE, MARRIED,	8. DATE OF BIRTH	Pratt Street	Under 1 Year   If Under 24 Hou	
	WIDOWED, DIVORCED (Specify)	Oct. 20, 1872		nths Days Hours Min	
female   white	Single		179	10 01717711 05	
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)		11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTR	
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME		
Henry Em	il Wurach	unknown			
15. WAS DECEASED EVER IN U. S. ARMEE (Yes, no or unknown) (If yes, give war or date	D FORCES?   16. SOCIAL   SECURITY NO.	17. INFORMANT Mrs. Clarence	A. Reinhardt, 2	719 Tivoly	
I aradi.	P			INTERVAL BETWE	
heart failure, asthenia, etc. It mea injury or complication which continues and the injury or complication which continues a second continues and the injury of conditions, it is to the above cause (a) underlying condition Laurent Condition Conditions and the conditions of the death, but to the disease or conditions	ses Arterio  FANY, GIVING STATING THE DUE TO		iovascular dise	ase	
	NOT RELATED Fractur	e of ribs, nos	e and skull	20. AUTOPSY?	
1 ISA. DATE OF GERATION	JB. MAJOR I MIDINGO OF OF LIN			YES NO	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.)  10					
22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry  the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetern					
and death in my opinion  23A. SIGNATURE	resulted from: natural causes	23B. CHIEF MEDIC	CAL EXAMINER 23	C. DATE SIGNED	
Attanley &		.D.   MEDICAL INVEST	IGATOR LI AL	11 1 17	
24A BURIAL CREMA 24B DATE TION, REMOVAL (Specify) burial 4/22/5	24c. NAME OF CEMETE Baltimore Co		Baltimore,	Maryland	
PATE RECEIVED BY REGISTRAR	S SIGNATURE	Wm Gook		Paul Street	
VS 151 N-804. 2				V	

.J JJ ....

5-25- 52 BIRTH NO.	3825	BALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered No.	2 3825
1. NAME OF E (Type or Print)	DECEASED ALBE	ERT FINNEGAN		2. DATE OF DEATH April	21, 1952
3. PLACE OF DA. Baltimore (B. FULL NAME HOSPITAL OR	City, Maryland	al or institution, give street address or location)	4. USUAL RESIDENCE (V A. STATE Maryland	B. COUNTY	before admission)
INSTITUTION	St. Joseph's		Baltimore	outside corporate limits, w	rite RURAL and give township)
ength of s	stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (IF 1519 Holbrook		
5. SEX Male	6.COLOR OR RACE	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH August 13, 1899	9. AGE (In years of Under last birthday) Months	or I Year   If Under 24 Hours S Days Hours Min.
	CCUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY Balto. Transit Co.	11. BIRTHPLACE (State or for Maryland	oreign country) 12	. CITIZEN OF WHAT COUNTRY
13. FATHER'S	W. Finnegan		14. MOTHER'S MAIDEN N.  Ivy Unknown		
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U. S. ARMEI	) FORCES? 16, SOCIAL SECURITY NO.	Dorothy H. Finne	egan, 1519 Holb	
(This doe heart fail injury or DISEASE	SE OR CONDITION LEADING TO DEA so not mean the mode ure, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	DIRECTLY TH of dying, e. g., uns the disease, caused death.)  DUE TO  GES  (B)  TANY, GIVING STATING THE OUE TO	OF DEATH  y Artery Sclerosi	S	INTERVAL BETWEEN
OTHER :	II SIGNIFICANT COND	TIONS CON-	No.		

ER TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION NO X YES EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) F INJURY

21E. INJURY OCCURRED WHILE AT

AT WORK WORK

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from; natural causes [ ], accident | , suicide | , homicide | , undetermined | ...

238. CHIEF MEDICAL EXAMINER .... 23A. SIGNATURE

TRAR SIGNATURE

ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 24D, LOCATION (City, town, or county) U. S. National Cemetery

Baltimore

21F. HOW DID INJURY OCCUR?

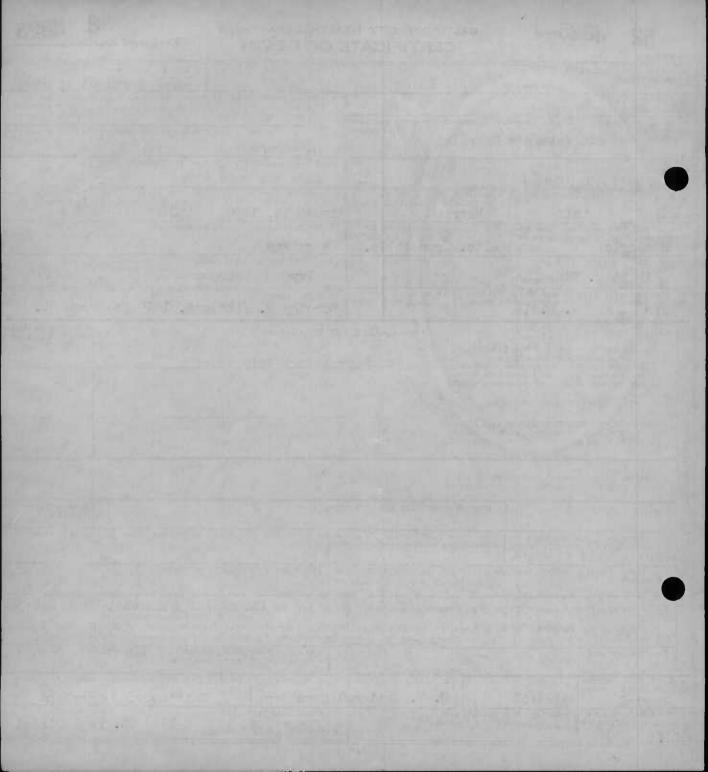
Maryland ADDRESS 1217 St. Paul Street

23c. DATE SIGNED

burial

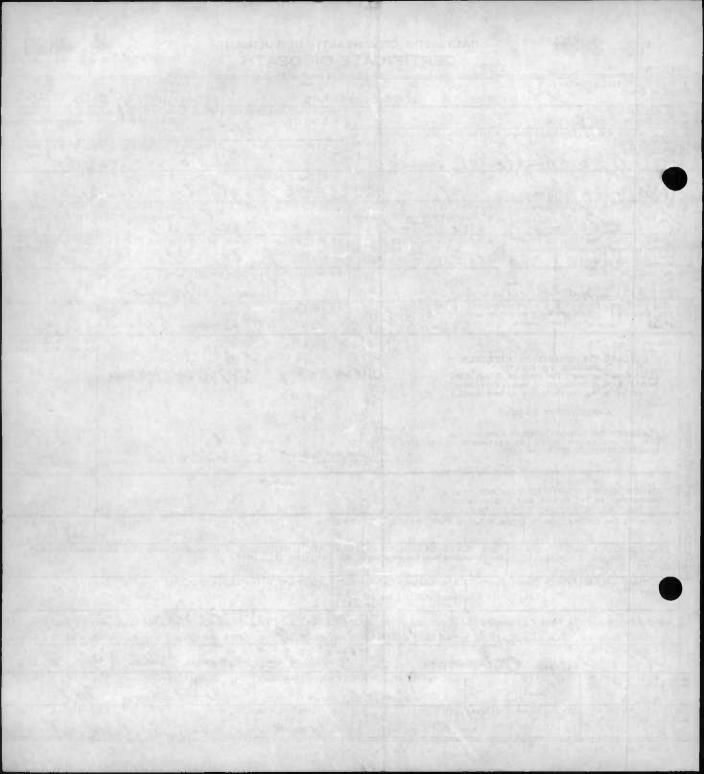
DATE RECEIVED BY

1650 "



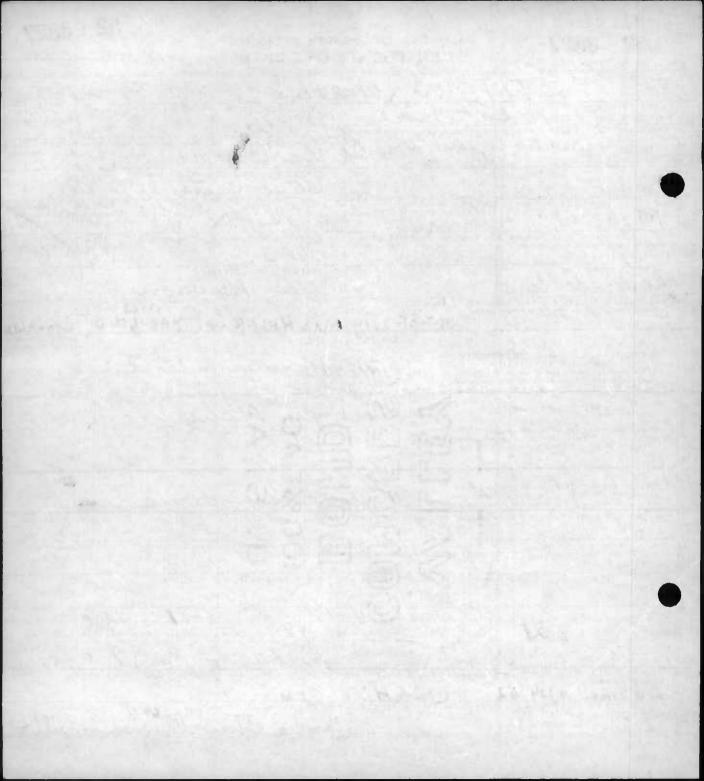
3826 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) homas 1 OF OUVEM DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Juntac Davs 5. SEX 6. COLOR OR RACE 9. AGE (In years) If Under I Year ff Under 24 Hours last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF work dong during most of working life, even if retired) / INDUSTRY WHAT COUNTRY? TOREMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nomas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give wer or dates of service) (Yes, no or unknown) SECURITY NO. 110 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or ebout home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that Pattended the deceased from Weeks 198 Lto about 20, 195 What I last saw the deceased alive on Her 195 Land that death occurred at 4 m., from the causes and on the date stated above. 23A. SIGNATURE N24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, -CREMA-Bunia. DATE RECEIVED BY 25. FUNERAL DIRECTOR

VS 150



52 3827

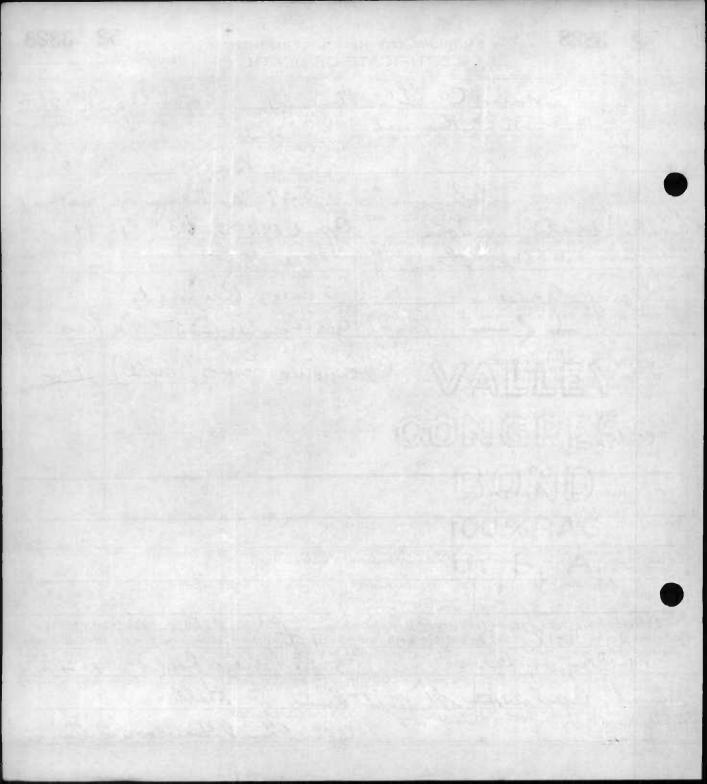
	SC	3827	DA.	CERTI	FICAT	E OF DEAT	H	Registere	ed No		
-	NAME OF	DECEASED 0 -	-/-								
('	Type or Print	SE	LIE	RS	Ch	arles		OF C	4-21	1-5	2
A		City, Maryland	Balt	inos	u	4. USUAL RESID	ENCE (Wh	B. COUNTY	d. If institution b	on : resider cfore adm	nce ission
H	FULL NAM. OSPITAL OF NSTITUTION		oital or institu		location	AC. CITY OR TOWN	· (If o	utside corporate l	imits, write b	RITRALOR	nd min
3	451110110N	4 recurrence	- Sq. acc	VCK F4 C	pita	Balt	imo	re 2	5-04		nship
a	ngth of	stay in Baltimore			Yrs. Mos. Days	3563	Six,	The St.	)	Way!	
	M	6. COLOR OR RAC	WIDOV	E, MARRIED VED, DIVORO	),	8. DATE OF BIRTI		9. AGE (In years last birthday)	Il Under 1 Yea Months Da	ys Hours	24 Hours Min.
MOI	Following mo	CCUPATION (Give kied st of workieg life, even if retire	of 108. KINI	The second secon	ESS OR INDUSTRY	11. BIRTHPLACE (	State or fore	eign country)		IZEN OF AT COUN	VTRY
13	Charle	NAME Selles	1.			14. MOTHER'S MA		dson	A THE		
1! (V.	5. WAS DECEA	SED EVER IN U. S. ARM	ED FORCES?	16. SOCIA		17. INFORMANT	1100		ADDRESS		_
(11	M, no or unknow	(If yes, give wer or de	item of service)	400	-7714	NINA HELI	EN SE		du ST	Range	. (
	(This do heart fai	ASE OR CONDITION LEADING TO DE es not mean the mode lure, asthenia, etc. It m r complication which	ATH of dying, e. peans the diseas	se.	M	youards	in d	facel	ONS	RVAL BET ET AND [	WEEN
7		ANTECEDENT CAL	JSES		Cor	man l	cell	uen	,		
CATION	RISE TO	ES OR CONDITIONS. THE ABOVE CAUSE (A LYING CONDITION	) STATING TE						····		
CERTIFI	TRIBUTIN	SIGNIFICANT CONI IG TO THE DEATH, BU DISEASE OR CONDITION	T NOT RELATI	ED	Pul	morias	ed	ema			
7	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS	OF OPER	ATION			20	. AUTOPS	5 Y ?
EDICA	LYING (	DENT WAS UNDER- OR CONTRIBUTING		ACE OF INJU			OID (If	in Baltimore Cit	y, give exac		)
Σ	CAUSE OF	(Month) (Day) (Yea	m) (Hours)	21E. INJURY	/ OCCUPE	215 11011 DIE	IN HIERY	0001100			
	INJURY	(month) (Day) (lea		WHILE AT	NOT WHILE	ED 21F. HOW DID	INJURY	OCCUR?			
	00 71	7	m.	WORK	AT WORK	-10 5	7/ 11	04	120		
	deceased	by certify that I a	/	deceased f		-18 1920 m	-		that I		
	23A, SIGN		01	ana inat a		38 ADDRESS	, from the	causes and or		Statea a	
		Instru	Ru	derh	J. D. 7	rauhle	400.	Hosp.	14	-2/-	-53
TI	ON, REMOVAL	(Specify)	52	24c. NAME C	DE CEMETE	RY OR CREMATORY	24D. VOC	CATION (Chy, to	wn, or county	7) (S	tate)
-						- IV	1 7				



O I A	T-	6	357	3828
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

BIRTH NO.	CERTIFICAT	E OF DEATH	registered in	0
1. NAME OF DECEASED (Type or Print)	C Tran	turgens	2. DATE OF DEATH	0 18/52
3. PLACE OF DEATH: A. Baltimore City, Maryland 539	Kenned	4. USUAL RESIDENCE (V		nstitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION	tion, give street address or location)		outside corporate limits,	write RURAL and give
90		130	elo ;	7-0 / township
c. Singth of stay in Baltimore	L Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	, 0
5. SEX 6. COLOR OR RACE 7. SINGS WIDO		B. DATE OF BIRTH	9. AGE (In years II U last birthday) Mon	nder I Year   Il Under 24 Hours the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11 SIRTHPLACE (State or for	preign country)	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME  Henry Gasser		14. MOTHER'S MAIDEN N	AME	71
15. WAS DECEASED EVER IN U. S ARMED FORCES? Yes, no or unknown) (U yes, give var or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT  GEO Travelus	125-39 %	DRESS
18. 163×	CAUSE	OF DEATH	0	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	· CAY	cenoma Lev	p. (mfl)	15.
injury or complication which caused deat	h.) DUE TO		4	0
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.	NG HE DUE TO			
	(C)			
OTHER SIGNIFICANT CONDITIONS CO	N -			
TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	IT			
19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING ebout home,	ACE OF INJURY (e. g., in ferm, feetory, etreet, office bldg., e	n or 21c. WHERE DID (I	f in Baltimore City, giv	
TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended the	deceased from	( 3,195 , to	1957	that I last saw the
deceased alive on $9-18$ , 19)2,	and that death occur	rred at 7 m., from the	he causes and on the	
Willowh Lean	VS M.D.	3025 Below	1 Rood	4-2/ JZ
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Sylcify) april 22/52	24c NAME OF CEMETE	There	GATION (City, town, or	r county) (State)
DATE RECEIVED BY THE TRANS SIGNAT	BELLIS, My	25. FUNERAL DIRECTOR	Homedooy	O O
	4.77	The same		



7	well	5	2	-0	
		5	2	3829	
		13	Propt	42 40 1 = =	

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3829 Registered No.

BIRTH NO.						
. NAME OF DECEAS Type or Print)	Charl	es L	Zink		2. DATE OF DEATH	119/52
B. PLACE OF DEATH: A. Baltimore City, M		1 1 1 1		4. USUAL RESIDENCE (V	Where deceased lived. B. COUNTY	If institution: residence before admission)
s. FULL NAME OF (If not in hospital or institution, give street address or location)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give		
INSTITUTION Churchetty				Baltimon		27-0 stownship)
	, 300000 0011	1	Yrs.		rural, give location)	103
mosth of steer in	Daltimana	100	Mos.	3112 Ras	0	* F
s. Length of stay in	OR OR RACE		Days Days	8. DATE OF BIRTH	1 9 AGE (In years)	If Under 1 Year   If Under 24 Hours
11	111		ED, DIVORCED (Specify)		last birthday)	Months Days Hours Min.
IOA. USUAL OCCUPAT	ION (Givekinder	108 KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF
ork done during most of working		Printy	INDUSTRY	md		WHAT COUNTRY?
13. FATHER'S NAME 1	RINTER			14. MOTHER'S MAIDEN N	AME	
Ch	rles		THE RESERVE	marginet	Seilori	1
15. WAS DECEASED EVER Yes, no or unknown) (If ye	R IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	V	ADDRESS
						INTERVAL BETWEEN
18. 451 X	I		CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR	CONDITION ING TO DEAT	DIRECTLY	91.01	actor Dinast		19Ahr
(This does not m heart failure, asth	ean the mode of	of dying, e.g	e. (A)	r cha ninte a	119	the state of the s
injury or compli	cation which o	caused death.	.) DUE TO	Aneu	nym	
ANTE	CEDENT CAUS	SES	0.	tot	-	LIAA
7	ONDITIONS	e 1111/ e	(B) COGA	clarcon of t	TOUTO C	y k
DISEASES OR C	VE CAUSE (A)	STATING TH		Congestive	tadine	
UNDERLYING C	CONDITION LA	AST.	(C)			
OTHER SIGNIF	II ICANT COND	ITIONS CON	i. cef i		,	
TRIBUTING TO THE	HE DEATH, BUT	NOT RELATE	D Let	Inglinal	Menna	
19A. DATE OF OPE			FINDINGS OF OPER	RATION U		20. AUTOPSY?
A	0					YES NO
21A. ACCIDENT V LYING OR CON CAUSE OF DEATH	TRIBUTING	21B. PLA about home, f	ACE OF INJURY (e. g., farm, factory, etreet, office bldg.,		If in Baltimore Cit	y, give exact location)
D. TIME (Month		(Hour)	21E. INJURY OCCURR	RED 21F. HOW DID INJUR	Y OCCUR?	
INJURY			WHILE AT NOT WHILE			
22 77 7	J.C., 41, 4 71 4		A	+119152,19 to	4/19/52 10	, that I last saw the
22. I hereby cert	111411	7 10	and that death occu			n the date stated above
deceased alive or				23B. ADDRESS	16 - 0	23c. DATE SIGNED
Rufrer	tSr	non	1~ M. D.	Unwinsity	Maspelas	42002
24A. BURIAL, CREMA	248. DATE	10000	24C. NAME OF CEMETE	ERY OR CREMATORY 245.	LOCATION (City, to	wn, or county) (State)
Burel Sure	assul	13/53	Parker	rod 1	Bello	ADDRESS
APR 22 1952	GISTRAR	SSIGNATI	Baus, My	25. FUNERAL DIRECTOR	Homedo	20 6 Pilem
VS 150			5/2	VA	OTT PER	

COCHES!

VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3830

BIR	TH NO.				CERTIFIC	CATE	OF DEATH	Н	Registered No	)
	AME OF DE	CEASED	De	Barr	, ų			2	OF DEATH APT	120,1952
3. P	altimore C	ity, Mary	land		٦		4. USUAL RESIDE	NCE (When	e deceased lived. If in B. COUNTY	stitution: residence before admission)
HOS	JLL NAME OF PITAL OR TITUTION				,	dress or ocation)	c. CITY OR TOWN Balti	and (If out	,	write RURAL and give (townshlp)
c. 1	ength of st			Life		Yrs. Mos. Days	2901 W		vale St	
5. S	male	6.COLOR Whi	OR RACE	WIDOW	MARRIED, ED, DIVORCED	(Specify)	8. DATE OF BIRTH	867	last birthday) Mon	nder I Year If Under 24 Hours this Days Hours Min.
vork d	one during most of	ne	(Give kind of ven if retired)	10B. KIND	OF BUSINESS	OR	Mary /	and		2. CITIZEN OF WHAT COUNTRY?
(	7 iche	eal	400	ung			Cather	IDEN NAME	Harma	n
15. (Yes,	WAS DECEASE	O EVER IN (If yes, giv	U. S. ARMED	FORCES!	16. SOCIAL SECURITY		17. INFORMANT	C +1	ADI	DRESS
	8. 422				2/2-/8-0 CA		OF DEATH	ssouth	WOTT 4 270	IW. Lanvade
		E OR COL	I NDITION TO DEAT	DIRECTLY					200	onset and death
	heart failur	not mean i	the mode o etc. It mea:	f dying, e.g ns the disease aused death.	t	hromb	al vascular	accide	it, probalby	4/14/32
		ANTECEDE				nteni	osclerotic o	endia :	raggulam	
CATION	RISE TO TH	E ABOVE C	AUSE (A)	ANY, GIVIN	G (B)	iseas	••••••••••	,aru10-	A SC OTAL	
Z Z	UNDERLY	ING CONL	DITION LA	ST.	(C)		***************************************	*** * * * * * * * * * * * * * * * *	***************************************	
ERTIF	TRIBUTING	GNIFICAN	ATH, BUT	TIONS CON	D					
0 -	9A. DATE OF			9B. MAJOR	FINDINGS OF	OPER	ATION		•	20. AUTOPSY7
DICAL	21A. ACCIDE	NT WAS	UNDER.	218 PLA	CE OF INJURY	(c. g., in	or   21c, WHERE D	ID (If ir	Baltimore City, gi	YES NO NO Ve exact location)
Ш	LYING OR	CONTRIB		about home, fo	arm,factory,street,of	Mce bldg., et	INJURY OCCU		, , , , , , , , , , , , , , , , , , , ,	
Σ	O. TIME ()	Month) (D	ay) (Year)		HILE AT NO	CCURRE	D 21F. HOW DID	INJURY O	CCUR?	
					deceased from	r Feb.				Sthat I last saw the
	deceased ali		ril 20	, 19 52,	and that deat		red at 1:45P.m.,	from the	eauses and on the	date stated above.
	L SIGNAT	Liena	21/9	Am	100 N	1. D.	3030 Edmonds	son Aver	nue	Apr. 21. 1952
24A TION	BURIAL, C	REMA-	B. DATE	3/957	DAL OF	Q :/	RY OR CREMATORY	24D. LOCA		
DA	A SESIAB		GISTRAR	SIGNATU	RE LIAMAR M	军人	John T. Sta	ECTOR	4 270 8€d	mondson

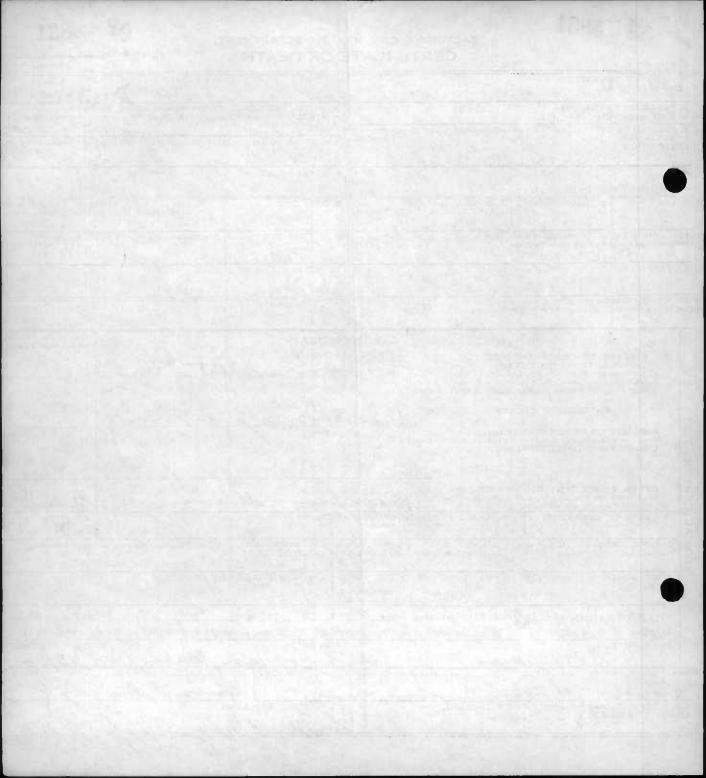
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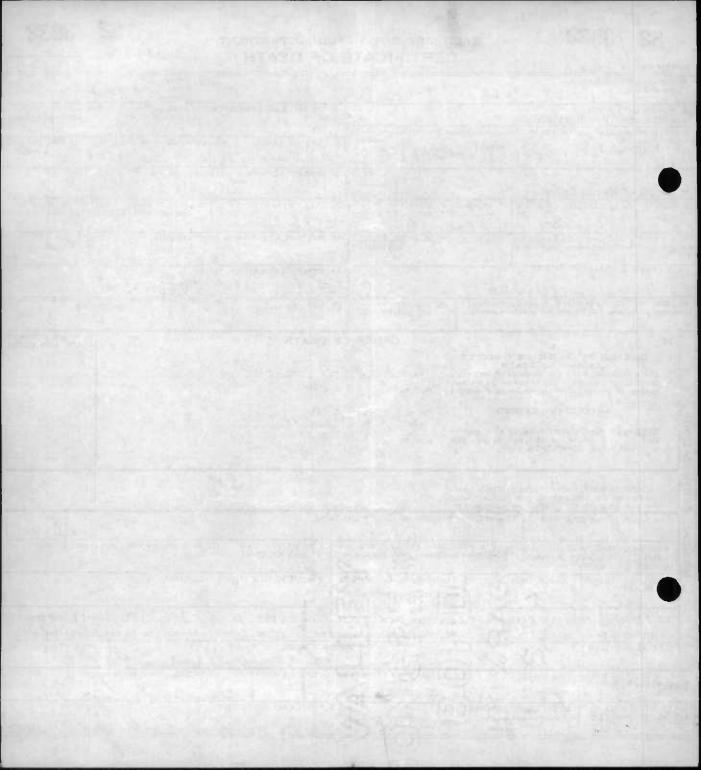
### BALTIMORE CITY HEALTH DEPARTMENT

52 3831

BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
I. NAME OF DECEASED	Lo pare
(Type or Print) AA	2. DATE OF
3. PLACE OF DEATH:	DEATH 4120162
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B_COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location)	C. Citi On towns (11 outside corporate minus, write hohal, and giv
University Haspital	Mt. Armor township
West.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore / Days	SEA O
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years) If Under 1 Year   If Under 24 Hours
WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years   It Under   It Under 24 Hours   Months Days   Hours Min
t Megro   Single	25
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
At Home.	M
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
lab Miles	C1.T. J.
JOHN TYCES	Christina Diggers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or maknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No	
18.002x and 660.6 CAUSE	OF DEATH
1 600.6	ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1+
(This does not mean the mode of dying, e.g.,	monia right rung
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
U A	0
ANTECEDENT CAUSES	enoses wight lunce
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
SHOEKETING CONDITION EAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	ancy-delivered 2 days
TO THE DISEASE OR CONDITION CAUSING IT.	WILLIAM AND
198. MAJOR FINDINGS OF OPER	ATTON . 20. AUTOPSYY
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in	n or   21c. WHERE DID (If in Baltimore City, give exact location)
2 1A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
WHILE AT NOT WHILE	
	28
22. I hereby certify that I attended the deceased from	
	rred at 4:15 pm., from the eauses and on the date stated above
23A. SIGNATURE,	23B. ADDRESS 23C. DATE SIGNED
Wolewman M.D.	Univ. Hosp. Balto 1. 4/20/52
244. BURIAL, CREMA- 248, DATE 24C, NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Duriel AL-23-52	( blasson I lea Mr. D
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	1 70 11 OT 11 0 19.
Tot 1182 1348   Welledille 1995	Lo.M. Walk Weifuld Ma
VS 150	



ВП	52 52 RTH NO.	3832 In la		TIMORE CITY HE	EALTH DEPARTMENT	Registered I	3832 No
1.	NAME OF Dope or Print)		GIRL	MEYER	35	2. DATE OF DEATH	21.52
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (		institution: residence before admission)
B. I	FULL NAME SPITAL OR STITUTION		1	ion, give street address or location)	MD	CARROL	ts, write RURAL and give township)
C.	ength of s	tay in Baltimore	_	Yrs. Mos. Days	D. STREET ADDRESS (I	frural, give location)	5600
	SEX	6. COLOR OR RACE NEG-RO	WIDOW	E. MARRIED. (ED, DIVORCED (Specify)	8. DATE OF BIRTH 4-18-52	9. AGE (In years last birthday)	Il Under 1 Year on the Days Hours Min.
10.	A. USUAL OC done during most	CUPATION (Give kind o of working life, even if retired	fl 10s. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign eountry)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S		'		14. MOTHER'S MAIDEN	NAME	
	PAUL	- 10000			ELLA M.	EYERS	
Yes	, mo or unknown)	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
RTIFICATION	(This does heart failt Injury or DISEASE	SE OR CONDITION LEADING TO DEA s not mean the mode ire, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	TH of dying, e. g ans the diseas- eaused death SES  IF ANY, GIVIN O STATING TH	(A) AT	ELECTAS EMATUR		INTERVAL BETWEEN DNSET AND DEATH I DAY  PAY  AND DAY  AND DAY
CERTIF	TRIBUTIN	II SIGNIFICANT COND 3 TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.D		4 ji	
	19A. DATE	OF OPERATION	19B, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH	1 .1 .	ACE OF INJURY (e. g., is farm, factory, street, office bldg.,	n or 21c. WHERE DID (NJURY OCCUR?	(If in Baltimore City,	
Σ		(Month) (Day) (Year	^ ′	21E. INJURY OCCURR WHILE AT WORK		RY OCCUR?	
	22. I herel	ny certify that I at		1.4	18 , 1952-to_		that I last saw the
	23A. SIGNA	•	plu		38 ADDRESS	Hospital	23c. DATE SIGNED
2.4 TH		CREMA 24B. DATE	3-52	24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town	or county) (State)
D/S	TE RECEIVE	THAR Junta	SEGNATI	Viliams M	25. FUNERAL DIRECTOR	the Win	feld Me
	VS 150	(ANA+2.				7)	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE (Type or Print) OF Donna Jean Eller 4-20-1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Bal+imore (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore City Hospitals 4940 Eastern Ave. Dundalk D. STREET ADDRESS (If rural, give location) Yrs. Mos. 7hrs? 702 Oak IECH Beach zone 22 c. Length of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years | If Under I Year | If Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) April 5- 1949 Single 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Mller Dolly Simpson 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (1f yes, give war or dates of service) 16. SOCIAL 17. INFORMENT timore City Hospifaless SECURITY NO. Records: 4010 Eastern Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Congenital Heart Disease LEADING TO DEATH Life (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A, DATE OF OPERATION EDICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 4-20-152, to 4-20- , 1952, that I last saw the deccased alive on 4-20-1952, and that death occurred at 8.152 m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE

4940 Eastern Ave. Balto. Md.

25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county),

ADDRESS

111-12 1003

BURIAL DATE RECEIVED BY

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

248. DATE

VS 150

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#### BALTIMORE CITY HEALTH DEPARTMENT

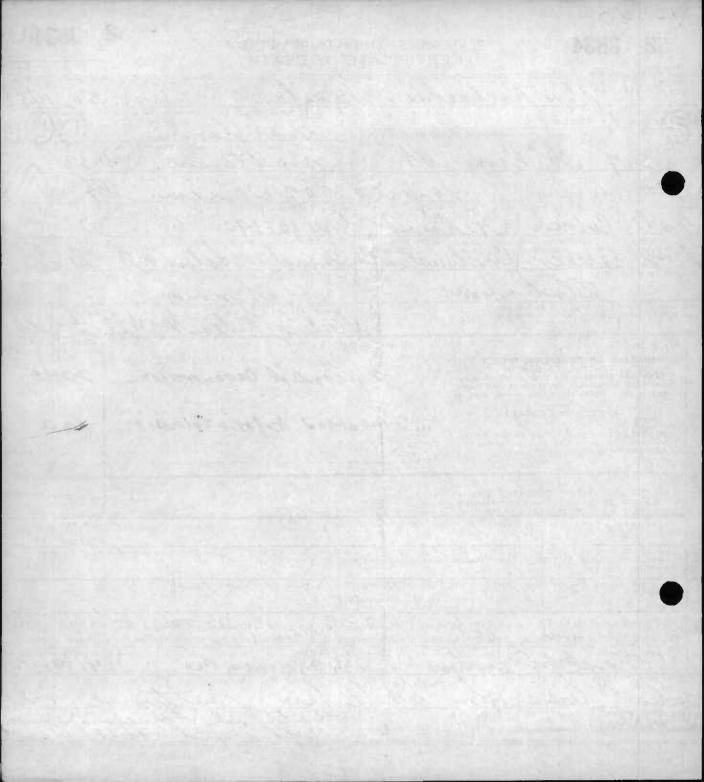
52 3834

	J& 3004	C	ERTIFICA	TE OF	DEATH	Regi	istered No.	
	IRTH NO.							
	ype or Print)	Richar	den	Ma	rlow	2. DATE OF DEATH	apr.	20 1950
	Baltimore City, Maryland			4. UŞU A. STAT	AL RESIDENCE	(Where decease	dived, If ins	titution: residence before admission)
В.	FULL NAME OF (If not in hospi	tal or institution,	give street address		nary	land		
	ISTITUTION 1	(an)	Af location	c. CITY	OR TOWN	If outside corp	orate limits, w	rite RURAL and give
	a long	Non ,	Yrs	D STRE	ET ADDRESS	If rural give lo	cation)	0 0
c.	Length of stay in Baltimore	4	O year	3.	1 0%	lem	) H	91.
5-	SEX 6. COLOR OR RACE	7. SINGLE, M	ARRIED.	(fy) 8. DATE	OF BIRTH	9. AGE (In last birt		st I Year   If Under 24 Hours is Days   Hours   Min.
10	A, YOUAL OCCUPATION (Give kind of	I TOP KIND OF	BUSINESS OR	an	.10,199	foreign countr		
Z	ione during most of working life, even if retired	Counts	ANDUST.		is at in	Selection Country	40	WHAT COUNTRY?
13	FATHER'S NAME	1	www.	14. MOT	HER'S MAIDEN	NAME	, ,,,,,	maw.
	lluk	mour			Unto	n www.		
15 Ver	s, no or unknown) (If yos, give war or det	D FORCES?   16	6. SOCIAL	17/MFC	DEMANT 1	/	ADD	TEST 1
2.00	(1. 300, give war or den	as of aervice)	SECURITY NO.	Stoil	ind Kil	fon. N	01.2	11
	18. 422.1		CAUSE	OF DEA	THE	cour!	- u	INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY	GAGGE	- 01 DLA				ONSET AND DEATH
							7	
	LEADING TO DEA	TH	M		1. 1 No.			12000
	(This does not mean the mode of heart failure, asthenia, etc. It meaningury or complication which	TH of dying, c.g., ans the discase.	(A)	yo care	dish Dog	on wol	Joseph .	27118
	LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which	TH of dying, c.g., ans the discase, caused death.)	DUE TO					27118
Z	LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which  ANTECEDENT CAUS	TH of dying, c.g., ans the discase, caused death.) SES	DUE TO					Lms
NOI	LEADING TO DEA  (This does not mean the mode of heart failure, asthenia, etc. It mee injury or complication which  ANTECEDENT CAUS  DISEASES OR CONDITIONS, 1	TH of dying, c.g., ans the discase, caused death.) SES	(B) Cen		dish Day			6ms
ATION	LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which  ANTECEDENT CAUS	TH of dying, c.g., ans the discase, caused death.) SES IF ANY, GIVING STATING THE	(B) Cen	ero le 14 d				6ns
-ICATION	LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mee injury or complication which  ANTECEDENT CAUSE DISEASES OR CONDITIONS, 1 RISE TO THE ABOVE CAUSE (A)	TH of dying, c.g., ans the discase, caused death.) SES IF ANY, GIVING STATING THE	(B) Cen	ero le 14 d				2ms 6ns
TIFICATION	LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mee injury or complication which  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, 1 RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	TH of dying, c.g., ans the discase, caused death.) SES OF ANY, GIVING STATING THE AST.	(B) Cen	ero le 14 d				2ms 6mr3
ERTIFICATION	LEADING TO DEA  (This does not mean the mode of the control of the	TH of dying, c.g., ans the discase, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATED	(B) Cen	ero le 14 d				5ms 6ms
CERTIFICATION	LEADING TO DEA  (This does not mean the mode of the control of the	TH of dying, c.g., ans the disease, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATED CAUSING IT.	(B) C en (C)	erale 14 d				5mB 6mB
AL CERTIFICATION	LEADING TO DEA  (This does not mean the mode of the control of the	TH of dying, c.g., ans the disease, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATED CAUSING IT.	(B) Cen	erale 14 d				20. AUTOPSY?
ICAL CERTIFICATION	LEADING TO DEA  (This does not mean the mode of heart failure, asthenia, etc. It mee injury or complication which antecedent Cause  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A)  UNDERLYING CONDITION LA  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION  19A. DATE OF OPERATION	TH of dying, c.g., ans the disease, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATED N CAUSING IT.  19B. MAJOR FIL	DUE TO  (B) CENT  DUE TO  (C)	eration	( Srter	0 50/911	121 š	YES NO
MEDICAL CERTIFICATION	LEADING TO DEA  (This does not mean the mode of the control of the	TH of dying, c. g., ans the discase, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATED N CAUSING IT. 19B. MAJOR FII	(B) C en (C)	ERATION  ., In or   21c.		0 50/911	121 š	
MEDICAL CERTIFICATION	LEADING TO DEA  (This does not mean the mode of heart failure, asthenia, etc. It mee injury or complication which antecedent Cause of Conditions, it is to the above cause (a) UNDERLYING CONDITION LATER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION CAUSE OF DEATH  TIME (Month) (Day) (Year	TH of dying, c. g., ans the discase, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATED N CAUSING IT.  19B. MAJOR FII  21B. PLACE ebout home, farm,	DUE TO  (B) CENT  DUE TO  (C)	ERATION  ., In or 21c. g.,etc.) INJL	WHERE DID	U Solgna	121 š	YES NO
MEDICAL CERTIFICATION	LEADING TO DEA  (This does not mean the mode of heart failure, asthenia, etc. It mee injury or complication which antecedent Cause of the above cause (A)  DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A)  UNDERLYING CONDITION LA  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	TH  of dying, c. g., ans the discase, caused death.)  SES  IF ANY, GIVING STATING THE  AST.  ITIONS CON- NOT RELATED N CAUSING IT.  19B. MAJOR FII  21B. PLACE ebout home, farm, (Hour)  21E.	DUE TO  (B)  DUE TO  (C)  NDINGS OF OP  OF INJURY (e. g fectory, street, office bld	ERATION  ., In or 21c. g., etc.) INJU	WHERE DID	U Solgna	121 š	YES NO
MEDICAL CERTIFICATION	LEADING TO DEA  (This does not mean the mode of heart failure, asthenia, etc. It mer injury or complication which antecedent Cause (A)  ANTECEDENT CAUSE (A)  DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A)  UNDERLYING CONDITION LA  OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  TIME (Month) (Day) (Year NJURY)	TH  of dying, c. g., ans the discase, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATED CAUSING IT.  19B. MAJOR FII  21B. PLACE about home, farm, (Hour)  (Hour)  21E. WHIL WO	DUE TO  (B)	ERATION  ., ln or 21c. g.,etc.) INJU	WHERE DID INJUING HOW DID INJUING	(If in Baltimo	orc City, give	YES NO cxact location)
MEDICAL CERTIFICATION	LEADING TO DEA  (This does not mean the mode of heart failure, asthenia, etc. It mee injury or complication which antecedent Cause of Conditions, it is to the above cause (a) UNDERLYING CONDITION LATER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION CAUSE OF DEATH  TIME (Month) (Day) (Year	TH  of dying, c. g., ans the discase, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATED CAUSING IT.  19B. MAJOR FII  21B. PLACE ebout home, farm, (Hour)  21E. WHIL m.  wot  tended the dec	DUE TO  (B)	ERATION  ., In or 21c. g., etc.) INJL  RRED 21F.  LE	WHERE DID INJUING THE PRINT OCCUR?	(If in Baltimo	orc City, give	exact location)  hat I last saw the
MEDICAL CERTIFICATION	LEADING TO DEA  (This does not mean the mode of heart failure, asthenia, etc. It mee injury or complication which antecedent Cause (A)  DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  TIME (Month) (Day) (Year NJURY)  22. I hereby certify that I at:	TH  of dying, c. g., ans the discase, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATED CAUSING IT.  19B. MAJOR FII  21B. PLACE ebout home, farm, (Hour)  21E. WHIL m.  wot  tended the dec	DUE TO  (B)	ERATION  ., In or 21c. g., etc.) INJL  RRED 21F.  LE	WHERE DID WHERE DID WHY OCCUR? HOW DID INJUI  1957, to 304m., from	(If in Baltimo	orc City, give	exact location)  hat I last saw the date stated above.
MEDICAL CERTIFICATION	LEADING TO DEA  (This does not mean the mode of heart failure, asthenia, etc. It mee injury or complication which of the mode	THOUSE CON- NOT RELATED N CAUSING ITS 218. PLACE ebout home, farm, WHIL WOI  tended the dec , 1952, and	DUE TO  (B)	ERATION  I, ln or 21c. g, etc.) INJL  RRED 21f.  LE 21f.  L-19  murred at 7  238. ADDR  1543	WHERE DID  RY OCCUR?  HOW DID INJUI  , 19\$ 7, to  304m., from  ESS.	(If in Baltimo	ore City, give	hat I last saw the date stated above.
MEDICAL CERTIFICATION	LEADING TO DEA  (This does not mean the mode of heart failure, asthenia, etc. It mee injury or complication which the state of the state of the above cause (A)  DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A)  UNDERLYING CONDITION LA  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION CAUSE OF DEATH  TIME (Month) (Day) (Year NJURY)  22. I hereby certify that I at deceased alive on 19.	THOUSE CON- NOT RELATED N CAUSING ITS 218. PLACE ebout home, farm, WHIL WOI  tended the dec , 1952, and	DUE TO  (B)	ERATION  I, ln or 21c. g, etc.) INJL  RRED 21f.  LE 21f.  L-19  murred at 7  238. ADDR  1543	WHERE DID  RY OCCUR?  HOW DID INJUI  , 19\$ 7, to  304m., from  ESS.	(If in Baltimo	ore City, give	hat I last saw the date stated above.
MEDICAL CERTIFICATION	LEADING TO DEA  (This does not mean the mode of heart failure, asthenia, etc. It mer injury or complication which of the mode of heart failure, asthenia, etc. It mer injury or complication which of the mode of	THOUSE CON- ROTATIONS CON- NOT RELATED N CAUSING IT.  19B. MAJOR FII  21B. PLACE ebout home, farm, WHILL m. WHILL WHO  tended the dec , 195 1, and	DUE TO  (B) CP  DUE TO  (C)	ERATION  I, ln or 21c. g, etc.) INJL  RRED 21f.  LE 21f.  L-19  murred at 7  238. ADDR  1543	WHERE DID IRY OCCUR?  HOW DID INJUI  304m., from ESS  FEMME EMATORY 24D.	(If in Baltimore of the causes of Location (C. Baltin)	ore City, give	hat I last saw the date stated above.
MEDICAL CERTIFICATION	LEADING TO DEA  (This does not mean the mode of heart failure, asthenia, etc. It mer injury or complication which of the mode of heart failure, asthenia, etc. It mer injury or complication which of the mode of	THOUSE C. g., and the discase, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CONNOT RELATED N CAUSING IT.  19B. MAJOR FILE  21B. PLACE ebout home, farm, with the causing it.  19 (Hour) 21E.  21B. place about home, farm, with the causing it.  3 1957, and  3 1957, and	DUE TO  (B) CP  DUE TO  (C)	ERATION  I, ln or 21c. g, etc.) INJL  RRED 21f.  LE	WHERE DID  RY OCCUR?  HOW DID INJUI  , 19\$ 7, to  304m., from  ESS.	(If in Baltimore of the causes of Location (C. Baltin)	ore City, give	hat I last saw the date stated above.
MEDICAL CERTIFICATION	LEADING TO DEA  (This does not mean the mode of heart failure, asthenia, etc. It mer injury or complication which of the mode of heart failure, asthenia, etc. It mer injury or complication which of the mode of	THOUSE C. g., and the discase, caused death.)  SES  IF ANY, GIVING STATING THE AST.  ITIONS CONNOT RELATED N CAUSING IT.  19B. MAJOR FILE  21B. PLACE ebout home, farm, with the causing it.  19 (Hour) 21E.  21B. place about home, farm, with the causing it.  3 1957, and  3 1957, and	DUE TO  (B) CP  DUE TO  (C)	ERATION  I, ln or 21c. g, etc.) INJL  RRED 21f.  LE	WHERE DID IRY OCCUR?  HOW DID INJUI  304m., from ESS  FEMME EMATORY 24D.	(If in Baltimore of the causes of Location (C. Baltin)	ore City, give	hat I last saw the date stated above.

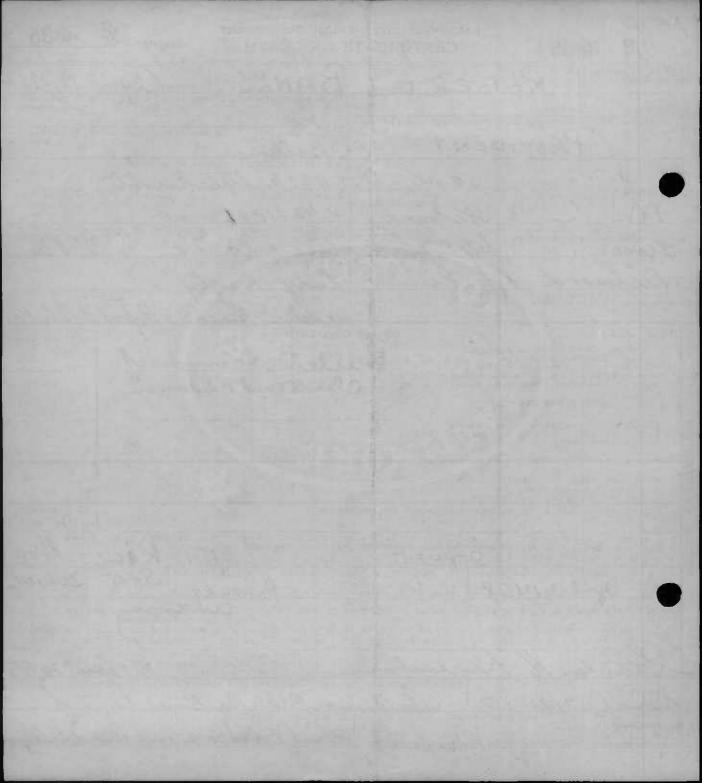
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OBERT DEATH 4. USUAL RESIDENCE (Where deceased lived if institution: residence 3. PLACE OF DEATH B. COUNT before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write RURAL and vive C. CITY OR TOWN INSTITUTION ROVIDENT Yrs. (If rural, give location Mos. gth of stay in Baltimore Davs SINGLE, MARRIED 6. COLOR OR RACE AGE (in years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) ACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., otc.) INJURY OCCUR? UTING [ CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? WORK I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, 22. I certify that I took charge of the remains described above, held an and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide Lundetermined []. 23B. CHIEF MEDICAL EXAMINER ... . 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, de county) DATE RECEIVED BY



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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

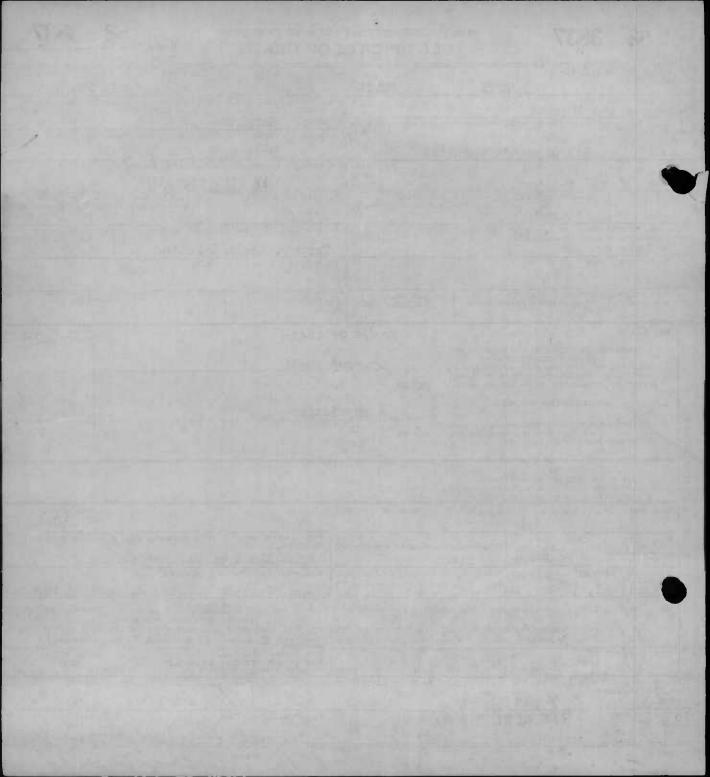
52 3836

Registered No ... BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Mary E. (Bessie) Taylor DEATH April 18/52 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR LONG GREEN MURSING HOME location)
INSTITUTION
115 E. Melrose Ave C. CITY OR TOWN (If outside corporate limits, write RURAL and give Ball timore D. STREET ADDRESS (If rural, give location Yrs. Mos. Life 3610 Kimble Rd. length of stay in Baltimore Days 9. AGE (In years | If Under ) Year | If Under 24 Hours | Months Days | Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH White Female Oct. 9,1885 66 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Own Home Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Limmerman Ralph Shriver 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. J.Frank Kehoe. 3610 Kimble Rd. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED INJURY 22. I hereby certify that I attended the deceased from grov 1949, 19 , to 1811 that I last saw the deceased alive on 1818 195 and that death occurred at 4 9 m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE munua 240. LOCATION (City, tewn, or county) 24A. BURIAL, CREMA-Burial (Specify) Woodlawn. April 22/52 Woodlawn Cemetery 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOOD REGISTRAR 4101 Edmondson Ave.

CONTRACTOR OF THE STATE OF THE · Land Carrier Control of the contro 

3837 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED (Type or Print) 2. DATE JAMES FETTER April 21, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF "I not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give township) St. Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. length of stay in Baltimore 647 Vine Street Days J. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years if Under I Year I Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Male Colored 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Laborer Tarbow, North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no crunknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no cr unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Crushed chest heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DEXICKS ANTECEDENT CAUSES Asphyxiation RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING I CAUSE OF DEATH. 6200 block of Walther Avenue  $\mathtt{Ditch}$ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY April 2:00 Pm Sides of ditch collapsed, burying him 22. I certify that I took charge of the remains described above, held an . Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident X, suicide [ ], homicide [ ], undetermined [ ]. 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR BURIAL, CREMA-REMOVAL (Specify) 24A. 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TION. RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS DOAL REGISTRAR MALLIA. 1661000

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3838

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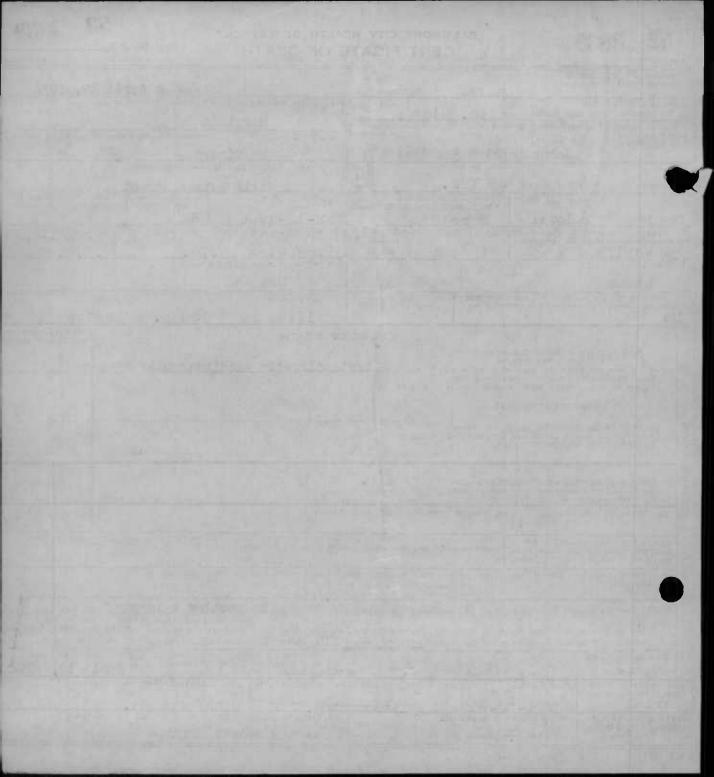
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	77.1	2. DATE OF 4/30/3050			
William	Fisher	DEATH 4/19/1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland	Balto, City	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)			
	or institution, give street address or	Maryland			
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
907 Sou	th Caroline St	Baltimore 3-0			
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
5. Sex   6.COLOR OR RACE   1	42 Yrs. Days	907 South Carolinia Street			
	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Under I Year last birthday) Months Days Hours Min.			
Male   Col.	Married	Sept-12-1876 75			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BÎRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	Lunch Room	Richmona Va. U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	isher	Elizabetn ?			
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give wer or dates o	FORCES? 16. SOCIAL of service) SECURITY NO.	17. INFORMANT ADDRESS			
No		Ardelia Gans 907 S. Carolinia St			
18. 442 V	CAUSE (	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DE	IRECTLY /	ONSE! AND DEATH			
(This does not mean the mode of	dying, e.g., (A)	It thank decondended to har.			
heart failure, asthenia, etc. It means injury or complication which cau	the disease.				
ANTECEDENT CAUSE	DOULA	er longin			
O DISEASES OR CONDITIONS, IF	ANY, GIVING				
RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST	TATING THE DUE TO				
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST	(c)	-Co-103201032			
E 11					
OTHER SIGNIFICANT CONDITI TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C					
TO THE DISEASE OR CONDITION C					
J 19A. DATE OF OPERATION 191	B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?			
<b>V</b>		YES NO			
LI CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, ferm, factory, street, office bldg., e	a or 21C. WHERE DID (If in Baltimore City, give exact location) injury occur?			
E . TIME (Month) (Day) (Year) (	Hour)   21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?			
INJURY	m. WHILE AT NOT WHILE				
22. I hereby certify that I atter	1	19-57, to 11/19, 19 7, that I last saw the			
22. I hereby certify that I attended the deceased from					
23A. SIGNATURE		38. ADDRESS 23c. DATE SIGNED			
J & .C	- freezel M. D.	in Candratter 4/20/20			
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE				
	952   Mt Calve				
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS					
APR 22 1952 Murtinget	on Williams Miss	Chory Wilson 1000 Brantly and			
VC 150 1280 1					

ı	R-2	00
	52	3839
ı	BIRTH NO.	

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3839 Registered No.

I. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH April 19, 1952			
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution : residence			
A. Baltimore City, Maryland Balto, City  B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)  Maryland			
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
Johns Hopkins Hospital	Baltimore 3-02 township			
Yrs.	D. STREET ADDRESS (If rural, give location)			
ength of stay in Baltimore 25 Yrs. Mos. Days	1111 Watson Street			
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year Il Under 24 Hours			
female colored married	Mar-15-1900 52			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
Housewife At Home	Brunswick Co. Va. U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Unkown	Unkown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL Yes, no or unknown)   (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS			
No	William Ross 1302E. Lexington St			
18. 4.22.1 CAUSE	OF DEATH INTERVAL BETWEE			
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20, AUTOPSY?			
1	YES NO			
YES				
TINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK				
22. I certify that I took charge of the remains described	above, held an inspection & inquiry thereon and from			
the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above			
	236. CHIEF MEDICAL EXAMINER			
24a. BURIAL, CREMA- ZAB. DATE 24c. NAME OF CEMETE TION, REMOVAL (Specify) Pril-23-52 Nt. Calvery	Cem Brooklyn Md.			
PATE RECEIVED BY REGISTRAR'S SIGNATURE	Choix Wilson 1000 Brantly my			
V S 151				



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 3840 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Louise Williams, nee Green OF 4-20-1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland Kalle, B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4940 Eastern Ave. Bal+imore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1610 E. Lombard St. Life c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under 1 Year | If Under 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Married June 5- 1930 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work slove during most of working life, even if retired) INDUSTRY WHAT North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Green Inez Reeves 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowo) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Hospitals (Yes, no or unknowo) SECURITY NO. Records: Loud Restern Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Pleural Effusion 1 day (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Bronchopneumonia Unknown CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO Bilateral RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary Tuberculosis , far advanced Unknown OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES X 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY . 1951, to 4-20- , 19 52hat I last saw the 22. I hereby certify that I attended the deceased from 10-11-19 52, and that death occurred at 5 A m., from the causes and on the date stated above. deceased alive on 4-23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED M. o. 4940 Eastern Ave., Baltimore, Md. 4-21-1952 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City town, or county) 24A. BURIAL, CREMA-

25 FUNERAL DIRECTOR

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REMOVAL (Specify)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

Since the property of the second second FOR THE RESERVE OF THE THE MENT OF THE HOLDER STATE OF THE SECOND entity on any tell, the best of the second 

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3841

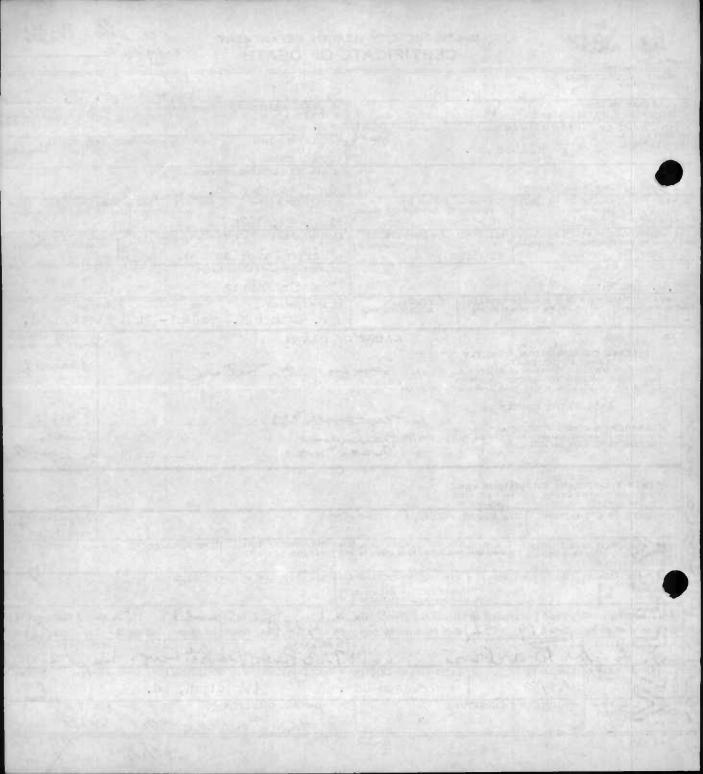
BII	RTH NO.						
1. NAME OF DECEASED (Type or Print) MADELINE M. NIX			2. DATE OF DEATH April 20, 1952				
3. PLACE OF DEATH:  a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)  INSTITUTION Union Memorial Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)  Maryland				
	ngth of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I 221 Hopkins Ro		500
10	Female	6. COLOR OR RACE White CUPATION (Give kind of a working life, even if retired)	widow Si	married, ed, DIVORCED (Specify) ngle OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH  Jan. 11. 1911  11. BIRTHPLACE (State or	9. AGE (in years last birthday) Mon	nder   Year   ff Under 24 Hours ths Days   Hours Min.
		Worked			Maryland 14. Möther's Maiden M	NAME	
	. WAS DECEASE	ED EVER IN U. S. ARMEI (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT	AD Nix - St. Paul	Court Ante
ERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	S OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH  of dying, e. g.  uns the disease  caused death  SES  F ANY, GIVIN  STATING TH  SST.	(B)	of death		ONSET AND DEATH
U	TO THE E	S TO THE DEATH, BUT UISEASE OR CONDITION OF OPERATION 1	CAUSING 1		ATION		20. AUTOPSY?
MEDICAL	21b. TIME (Month) (Day) (Year) (Hour)  FINJURY 4/20/52 10:45 Am. WHILE AT NOT WHILE Self ingest  22. I certify that I took charge of the remains described above, held an inspection or Inquiry, find that said and death in my opinion resulted from: natural causes , accident , suice and Signature  23a. SIGNATURE			221 Hopking 221 Hopking 221 Hopking 215. How did injust 216. How did inspection 217. How did inspection 218. Hopking 218.	on of chloral ction & inquiry.  Inspection or Inquiry deceased died on the CM, homicide, un  EXAMINER	hydrate  Ythereon and from day stated above	
TIC P	BURIAL, ON, REMOVAL (S Burial ATE RECEIVE OCAL REGIST	Specify)	S SIGNATU	24c. NAME OF CEMETE Woodlawn Com	RY OR CREMATORY 24D.	dlaim, Md.	ADDRESS
V	S 151 N	971.0		8. 4	ZAM. J. V	Balto 1	7, Mid

with the state of the state of

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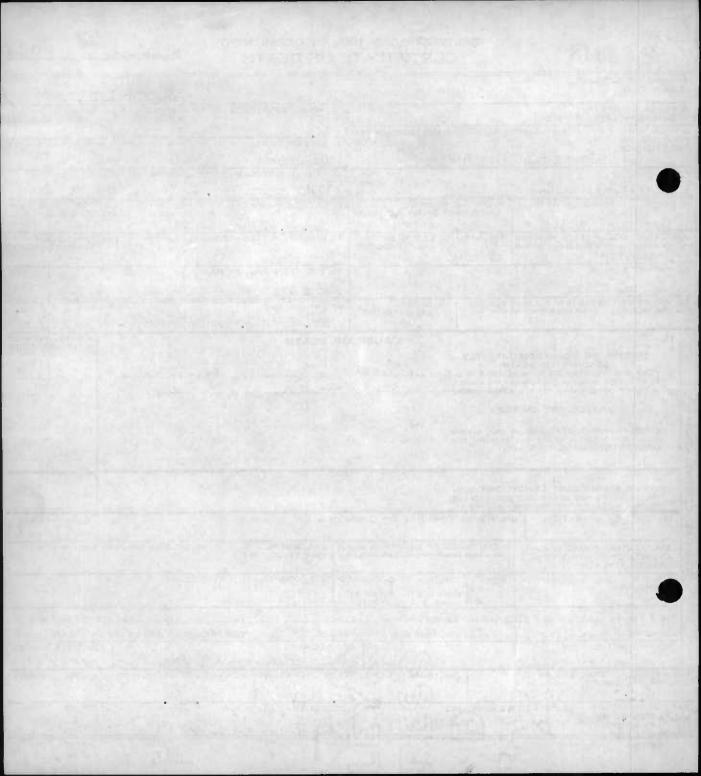
BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Apr. 19, 1952 DEATH CLAUDTA H. NESS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3520 Hilton Rd. Baltimore o. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore 2401 Everton Rd Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. Aug. 29, 1874 white widowed 10A. USUAL OCCUPATION (Givekinder) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at Home North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Claudia Morris Wm.E. Vaughan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. Luther M. Frantz - 2401 Everton Rd. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES L 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH o. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! 1952, to april 19, 1952, that I last saw the 22. I hereby certify that I attended the deceased from 2 2 deceased alive on 19, 1952, and that death occurred at 425 Cm., from the eauses and on the date stated above. 234 SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 248, DATE Woodlawn Cem. Woodlawn, Md. DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

VS 150



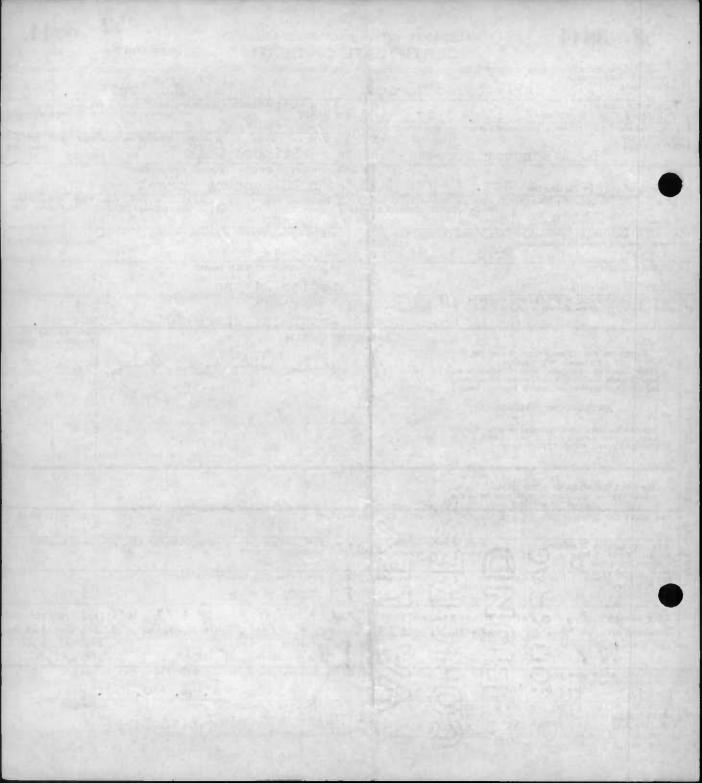
Registered No. 3843

1.	NAME OF D	ECEASED				2. DATE		
(T	ype or Print)	ENT	IA A. CI	ARTER		OF APT	il 19.	1952
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (W		If institution :	
	FULL NAME	OF (If not in hospit	al or institut	tion, give street address of location				
	STITUTION	73.3			C. CITT OR TOWN	outside corporate lin	nits, write RU	RAL and give township)
J.	0	Edgewood Nur	sing H		Baltimore			
				Yrs. Mos.			6-03	
	sex	tay in Baltimore	5 01101	Day		•		6.0 . 6.0
٥.		6. COLOR OR RACE	WIDOW	E, MARRIED. VED, DIVORCED (Specif		9. AGE (In years last birthday)	Months: Days	Hours Min.
	female   white   widowed			Mar. 7, 1876	76			
10	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTR				11. BIRTHPLACE (State or for	orcign country)	I2. CITIZ	EN OF COUNTRY?
	Housewi		at hor	ne	Maryland			
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME		
	Samuel				Emma Toft		148.10	
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	Ave.
	no				Mrs. Emma B. La	utenberger	- 3034 1	Kenyon
	18. 141 2	x .		CAUSE	OF DEATH			AL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY					
	(This does	LEADING TO DEAT	f dying, e. s	E. A Clesions	a Hasheelewing C	ardis rece	1 50	19 -
	heart failu injury or	re, asthenia, etc. It mea complication which c	ns the discas	se, i.) DUE TO	La Haghestamine C	line		
		ANTECEDENT CAUS	100				94-54 FS-	
7		ANTECEDENT CAUS	,53	(B)				
<u>o</u>	DISEASES	S OR CONDITIONS, IN	FANY, GIVIN	NG .	***************************************	• • • • • • • • • • • • • • • • • • • •	***********	
ATION	UNDERLY	TING CONDITION LA	ST.					
Ω.				(C)		***************************************		***************************************
RTIF	OTHER 6		TIONS			125		
Ш	TRIBUTING	SIGNIFICANT COND!	NOT RELATE	ED				
U		SEASE OR CONDITION		FINDINGS OF OPE	PATION		1 20 /	AUTOPSY?
4	ISA. DATE C	OF OPERATION OF	SB. MAJOR	FINDINGS OF OFE	RATION		YES	No [
CA	21A. ACCID	ENT WAS UNDER-	218. PL/	ACE OF INJURY (e. g.	in or   21c. WHERE DID (I	f in Baltimore City		
MEDI	LYING OF	R CONTRIBUTING DEATH		farm, factory, street, office bldg				
	D. TIME INJURY	(Month) (Day) (Year)	(Hour)	2 IE. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?		
			m.	WHILE AT NOT WHILE				
	22. I hereb	y certify that I att	ended the		1951, to G	lor 19, 19	52-that I l	ast saw the
	deceased a	live on Arr 19	19.53	and that death 6cc	urred at 950 p.m., from the	he causes and on	the date st	ated above.
	23A. SIGNA				23B. ADDRESS	20 1	23c. DA	TE SIGNED
	K		ng		476 V. Pafferson			2/52
24 TIC	A. BURIAL, (S	CREMA 24B. AAVE		24c. NAME OF CEMET	ERY OR CREMATORY 24D. L	OCATION (City, tov	vn, or county)	(State)
	Burial	1 11/23/5		Moreland N		to Md.		
	ATE RECEIVE	DAD -	9 1/1/	PE MA ME	25. FUNERAL DIRECTOR	. / , 0/	DDRES	S
P	R27195	2 Junting	ion 110	manne, in	I Wm. X. W	ckner 4	sono	
	VS 150	Brown		4.			1700	14
				TO SHEET THE	· (	salto	1 / 10	u.



52 3844

CERTIFICAT	E OF DEATH Registered No.
I. NAME OF DECEASED (Type or Print) Christopher .Russo	2. DATE OF April I9, I952
3. PLACE OF DEATH:  A. Baltimore City, Maryland Balto City  B. FULL NAME OF (If not in hospital or institution, give street address o	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
HOSPITAL OR location INSTITUTION IOI3 Hanover Street	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore City
gth of stay in Baltimore abt. 48 yrs. Mos. Days	
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify National Control of Contr	8. DATE OF BIRTH 9. AGE (In years li Under I Year last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  Lerchant  Produce	11. BIRTHPLACE (State or foreign country)  Italy    12. CITIZEN OF WHAT COUNTRY
Andrew Russo	Louise Dipano
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	Josephine Russo IOI3 Hanover St.
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH	
2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!  INJURY m. WHILE AT NOT WHILE AT WORK	E
deceased alive on 11, 1952, and that death occu	27, 1943, to 17, 1952, that I last saw the urred at 4:456m., from the causes and on the date stated above 23B. ADDRESS 23C. DATE, SIGNED
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 4/23/1952 Holy Cross	ERY OR CREMATOR (24b. LOCATION (City, town, or eounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Flynn & Fleming I426 Light St
VS 150 2906	A

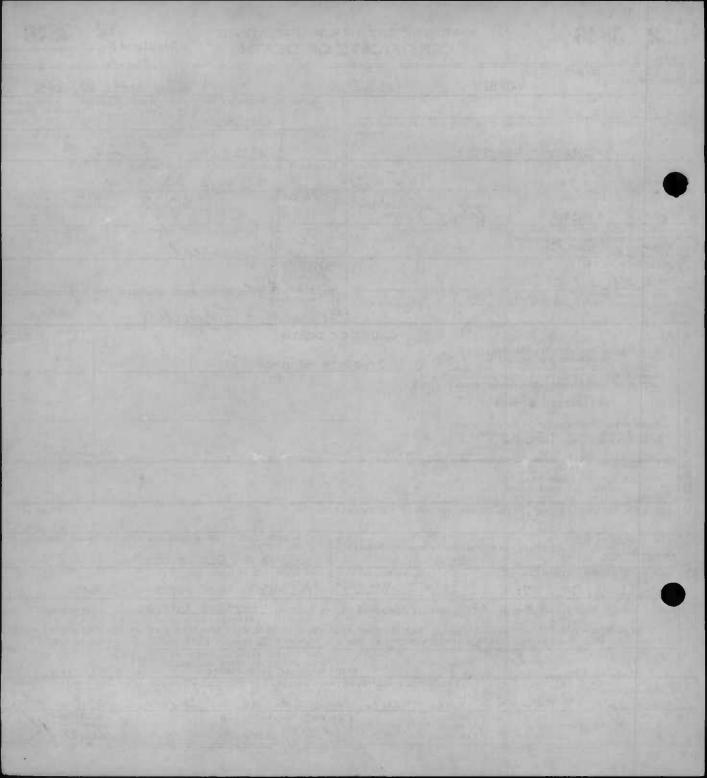


2 3845 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ROBERT STEUER April 21. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF Maryland ('f not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give Lutheran Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) ngth of stay in Baltimore 4119 Granada Avenue Days 9. AGE (In years | | | Under 1 Year | | Under 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Give kind of work done during most of working life, son if retired) 11. BLATHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? men 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Skull fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, XXXXXXX injury or complication which caused death.) ANTECEDENT CAUSES Extradural and subdural hemorrhage ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING XXXXX RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Contusion of brain OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 218 PLACE OF INJURY (e.g., in or ebout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIB. INJURY OCCUR? UTING | CAUSE OF DEATH. Unknown Unknown 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT Probably fell Unknown Autopsy 22. I eertify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🗍, accident 📋, suicide 📋, homicide 🗷, undetermined 🔝. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER...... MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) morra uruax TE RECEIVED BY REGISTRAR ADDRESS

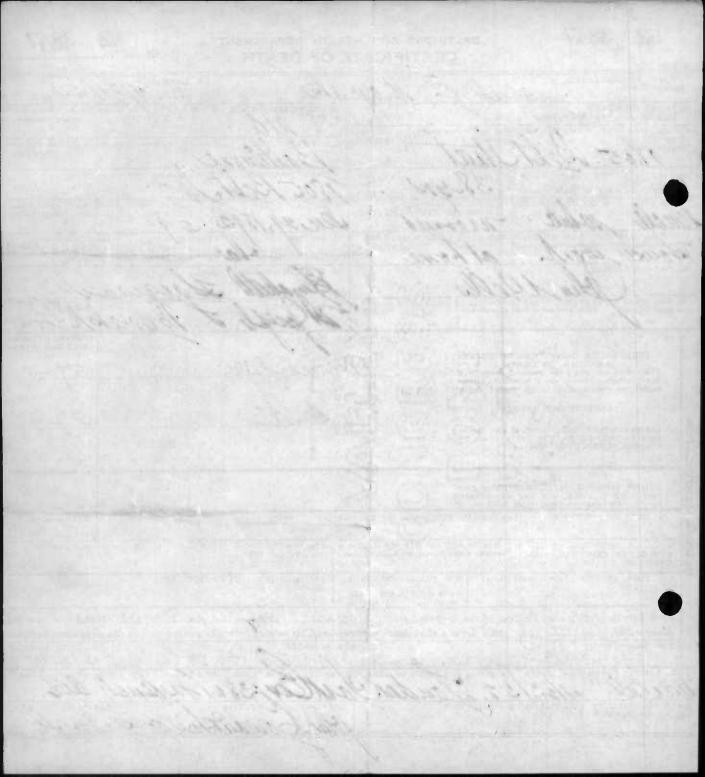
Letter from Dr. W. V. Lovitt, Jr., Asst Medical Examiner

TRATE OF THE

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ď	52 3	846	BAL			EALTH DEPARTMENT E OF DEATH	Registered 1	$S_{0}$	1846
В	RTH NO.			CERTIFI	CATI	OF DEATH	regional i		
	NAME OF Daype or Print)		OPHIE	A	LTGEN	UG	2. DATE OF DEATH APri	1 22,	1952
	PLACE OF Baltimore	City, Maryland				4. USUAL RESIDENCE (W		institution	
	FULL NAME	OF "f not in hospit	al or institut		ddress or location)	Maryland			
	ISTITUTION	w /3 77			iocation)		outside corporate limit	s, write RU	RAL and give township)
4	10	Lutheran Ho	ospital		Yrs.	Baltimore			
	ength of	stay in Baltimore		15	Mos. Qays		nn Oak Avenu	le	
5	SEX	6. COLOR OR RACE		E, MARRIED,		8. DATE OF BIRTH	9. AGE (In years)	M Under 1 Year	If Under 24 Hours
	Female	White	he	Clow	-	4	last birthday) Mo		
wor	done during most	CUPATION (Give kind of of working life, even if retired)	10s. KIND	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State or for		12. CITIZ WHA	EN OF T COUNTRY?
73	FATHER'S					14. MOTHER'S MAIDEN NA			
1	Lasol					MA POL A	ME		
1/5	. WAS DECEAS	ED EVER IN U.S. ARMET	FORCES?	I 16. SOCIAL		17. INFORMANT	<u> </u>	DDRESS	
(Yo	, no or phknown)	(If yes, give war or date	s of service)	SECURIT	Y NO.	Guller /18th	Castldi -	DURESS	me
ERTIFICATION	(This doe heart fail injury or DISEASE RISE TD UNDERL	SE OR CONDITION LEADING TO DEA' s not mean the mode ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS. IT THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDI G TD THE DEATH, BUT	TH f dying, e. g. ins the diseas caused death SES  F ANY, GIVIN STATING THIST.	(a)	Fract	ure of neck		DNSE!	AND DEATH
CE	the first state of the con-	DISEASE OR CONDITION OF OPERATION   1		FINDINGS O	F OPER	ATION		20.	AUTOPSY?
4		V							X ND
UNDERLYING TO OR CONTRIB. abouthome, farm, factory, street, office bidg., etc.)  UTING LI CAUSE OF DEATH. Home  2 1b. IMME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY						3603 Gwynn Oal	OCCUR?	206	location)
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and for the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated at and death in my opinion resulted from: natural causes □, accident ☒, suicide □, homicide □, undetermined □.  23A. SIGNATURE □ 23B. CHIEF MEDICAL EXAMINER□ □ 23C. DATE SIGNED □ ASSISTANT MEDICAL EXAMINER□ 23C. DATE SIGNED □ ASSISTANT MEDICAL								ated above, ined $\Box$ .	
TI ASS	BURIAL.	D BY   REGISTRAR	12/	herra		D.   MEDICAL INVESTIGATORY OR CREMATORY 24D. LO  WAS CHURCH 25. FUNERAL DIRECTOR  ACK LAWES MC	CATION (City, town,	or county)  OWW  ADDRES	(State)
V	S 151	1 805.0			1/3				V



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52 3847 BALTIMORE CITY HEALTH DEPARTMENT	52 3847
CERTIFICATE OF DEATH Registered	No.
BIRTH NO.	/ /
1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH	21/52,
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE  B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)  C. CITYOR TOWN (If outside corporate limited to the composition)	ite audia Titibar - 1
INSTITUTION 5- Belt wall Ballinger	nits, write RURAL and give township)
ngth of stay in Baltimore 3 Mys. Mos. Days 1005 Days	1
6. COLOR OR RACE   7. SINGLE MARRIED.   B. DATE OF BIRTH   9 AGE (IN VERIS)	If Under 1 Year   If Under 24 Hours
WILDER WIDOWED, DIVORGED (Specify) Dec 94, 1892 (sat birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Givkindof 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY INDUSTRY)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME / 14. NOTHER'S MAIDEN NAME	1 42/1
Blue Wells Bligabeth Hargin	Eples/
15. WAS DECEASED EVER IN O. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS / 80 5
18. 593 X . CAUSE OF DEATH	IINTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	54
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
Z ANTECEDENT CAUSES	5-7-0
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	glve exact location)
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
OF INJURY  WHILE AT NOT WHILE AT WORK  AT WORK	
22. I hereby certify that I attended the deceased from Jan, 1944 to and 21, 19.	52that I last saw the
deceased alive on 4/2, 1952 and that death oppurred at 5.4. 4m., from the eauses and on	the date stated above.
23A. SIGNATURE 23B. ADDRESS 43 68 FENT COME	23c. DATE SIGNED
248. BURTAL, OREMAN 24B. DATE 240 NAME OF CEMETERY OR CREMAPORY 24D. LOCATION (City town removal (Specify)	n, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25/FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR	talling St.
VS 150 Edward Warman & The Comment of the Comment o	1

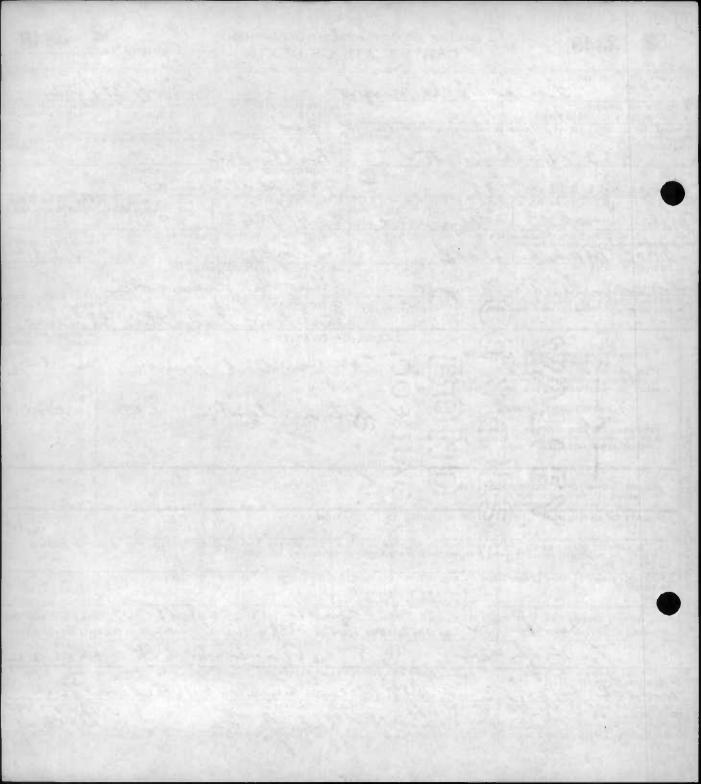


BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Di Muzio (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION o. STREET ADDRESS (If rural, give location) Yrs. Mes. eleus St gth of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (in years | H Under | Year | H Under 24 Hours | Last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED Married 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF during most of working life, even if retired) WHAT COUNTRY? INDUSTRY maker 13. FATHER'S NAME AIDEN NAME 15. WAS DECYSED EVER IN U. S. ARMED FORCES?
(Yea, no or unknown) (If you, give war or dates of service) 16. SOCIAL SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ..... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTIFICA (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED NOT WHILE WHILE AT WORK AT WORK april 12 1912 to april 11, 191th, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on april 2 1950, and that death occurred at\_ Rm., from the causes and on the date stated above. 23c. DATE SIGNED

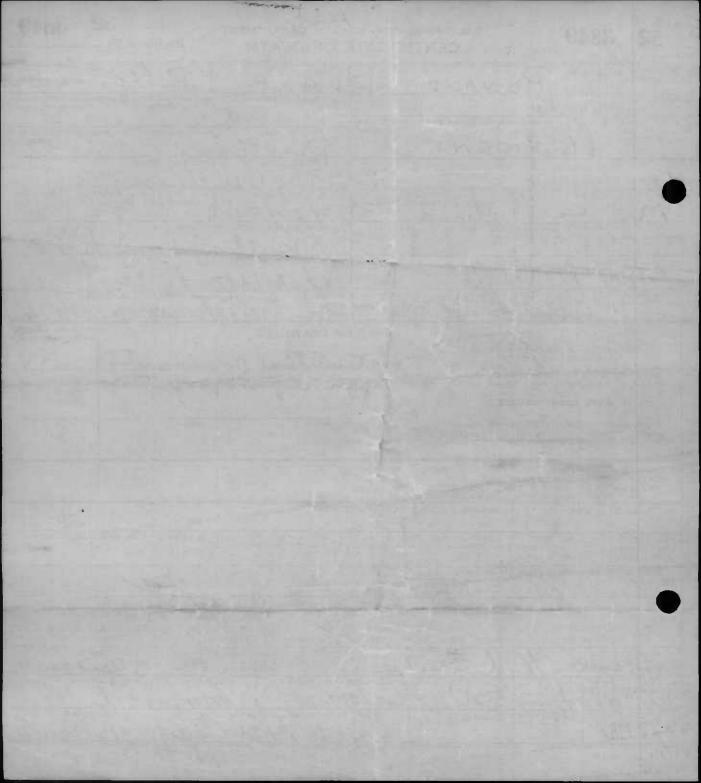
24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR

TION BEMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR



B-H 20 AO BALTIMORE CITY HE	EALTH DEPARTMENT 52 3849
DA JOAD CEPTIFICATI	** ** ***
BIRTH NO. 52-04063 CERTIFICATION OF DECEASED	)   2. DATE
(Type or Print) HO NAL D	LAKE OF Ups 20, 1852
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, institution: fesidence A. STATE B. COUNTY before admission)
B. FULL NAME OF Alf not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION PROVIDENT	Balting 15-0 stownship)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
congth of stay in Baltimore Days	1530Mc Kean are.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years II Under I Year If Under 24 Hours Min.  1 2/22/5 2 If Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Freak & lake	Manie Forest
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. MARMANT ADDRESS
(Yes, no or unknown) (If yes, giv war or dates observice) SECURITY NO.	Enelyen Torest 1530M Hear
18. 525X CAUSE	OF DEATH INTERVAL DEFEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TT On Ti
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	usural fullimonus
injury or complication which caused death.) DUE TO	per respector infection
(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
I! OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	
21a. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in	
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., about home, fa	to.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
I certify that I took charge of the remains described a	bove, held an Quitopsy thereon and from
	Autopsy, Inspection or Liquiry (nquirg, find that said deceased died on the day stated above,
and death in my opinion resulted from; natural causes	s <b>V</b> , accident □. suicide □, homicide □. undetermined □.
Hauley & Durlacher	238, CHIEF MEDICAL EXAMINER 23C, DATE SIGNED ASSISTANT MEDICAL EXAMINER 2001 20 1952
240 BORIAL, CREMA- 248 DATE 24C, NAME OF CEMETE	RY OR CREMATORY 24b. LOCATION (City, town, & county) (State)
DATE RECEIVED BY I DESTRATE SIGNATURE	25. FUNERAL DIRECTOR A ADDRESS
PATE RECEIVED BY BIGISTRIES SIGNATURE LIBERT MY	
1008	(1) Habelland 918 Dreuk

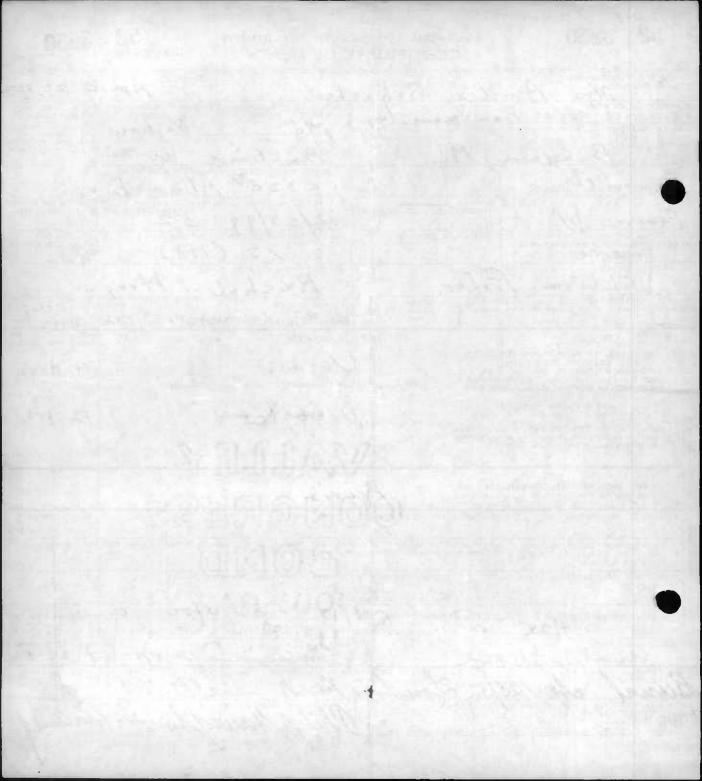


5- 52 3850

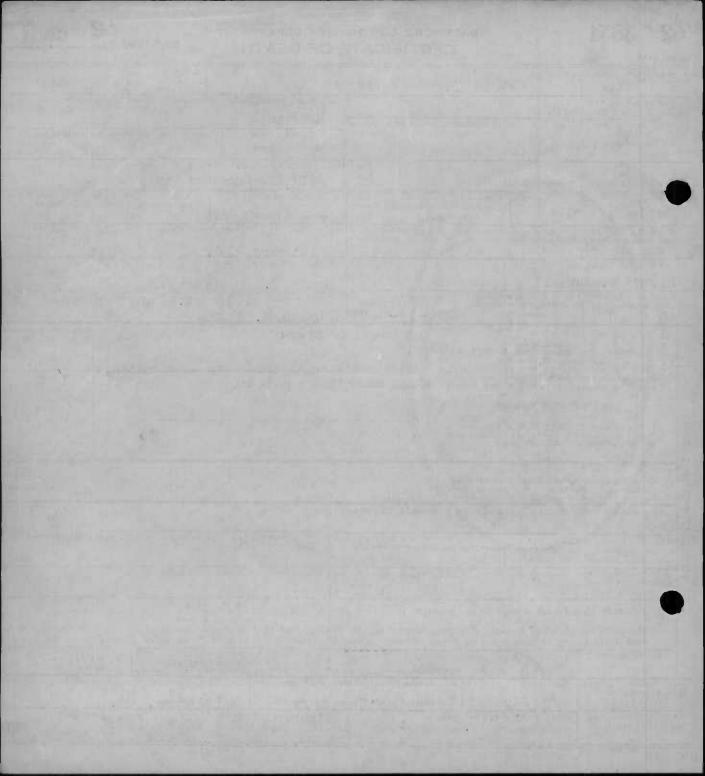
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3850

BII	RTH NO.			CERTIFIC	ATE	OF DEATH	Re	egistered No	
	NAME OF DECEA	rs Ar	melia	Sex	s.f.		2. DAT OF DEA	ADL	12 22,1852
Α.	PLACE OF DEATH Baltimore City, FULL NAME OF	Maryland	Ban S	ion, give street add	5 D. A.	USUAL RESIDEN	В. С	ased lived. If incounty	before admission)
HO	SPITAL OR STITUTION 3	> Ctimes	nt /	16		B = C +	(If outside co	rporate limits,	write RURAL and give
c.	ogth of stay i	n Baltimore	,		Yrs. o. Mos. Days	5320		location)	27-10
5.	Fruzla -	OLOR OR RACE	7. SINGLE	MARRIED ED, DIVORCED (	Specify) 8.	2/23/9	9. AGE last b	(In years If Un pirthday) Mont	der 1 Year If Under 24 Hours hs Days Hours Min.
	done during most of work  House Wi		108. KIND	OF BUSINESS	OR II.	BIRTHPLACE (Sta	te or foreign cour	ntry) 1	2. CITIZEN OF WHAT COUNTRY?
13.	WYL	aksi	Fish	er	14.	MOTHER'S MAID	EN NAME	Marg	1 h
15. Yes,	WAS DECEASED EV	ER IN U. S. ARMEI yes, give war or date	D FORCES?	16. SOCIAL SECURITY	NO.	Roland :	Schaeter		DRESS The
RTIFICATION	(This does not heart failure, as injury or comp ANT!  DISEASES OR RISE TO THE AUNDERLYING	R CONDITION DING TO DEA' mean the mode of thenia, etc. It mea dication which of ECEDENT CAUS CONDITIONS, II BOVE CAUSE (A) CONDITION LA  II FICANT CONDITION BUT THE OEATH, BUT	TH  of dying, e. g  ans the diseas- caused death  SES  F ANY, GIVIN STATING TH  AST.	(B)	0	vemis ebotes			12 YVS.
AL CE		E OR CONDITION	CAUSING I		OPERATIO	DN			20. AUTOPSY?
MEDIC	21A. ACCIDENT LYING OR CO CAUSE OF DEAT  210. TIME (Mont OF INJURY)  22. I hereby cer deceased alive of 23A. SIGNATURE	THE TRIBUTING THE HEAD THE HEA	about bome, f ) (Hour) m. tended the	deceased from and that death м.	curred  cocurred  238.	address secon	NJURY OCCUR  to 4/22  rom the cause	, 19 <b>62</b> ,	that I last saw the date stated above.  23c. DATE SIGNED  7-22-32.  county) (State)
DA	REMOVAL (Specification of the control of the contro	CADNO	25/52	24c. NAME OF CE	METERY	au 1	Ball	Maa	(State)



52 BIRTH	3851 No.					LTH DEPART		Registere	52 ed No.—	3851
1. NAM (Type or	E OF DECEA		MA I		KNAFP			2. DATE OF DEATH APT	17 21	. 1952
A. Balt	JTION	: Maryland (If not in hospi	tal or institution	on, give street a	ddress or	A. USUAL RESIDE A. STATE Maryland C. CITY OR TOWN	(If or	ere deceased lived B. COUNTY	l. If instit	
6-0	th of stay in				Mos. Days	Baltimore street ADDRE	ss (If ru Dunsta:	ns Road		0
	ual occupa	DLOR OR RACE Thite TION (Give kind of	Marr	OF BUSINES	S OR 1	DATE OF BIRTH 1. BIRTHPLACE		26	Months 12.	Days Hours Min.
13. FAT	usework HER'S NAME		1 1 7	home	1	Baltimore 4. MOTHER'S MA Irene M.	IDEN NAN		USA	WHAT COUNTRY?
15. WAS	DECEASED EVE unknown) (1f	R IN U.S. ARME yes, give war or date	D FORCES?	16. SOCIAL SECURIT 220-14-	Y NO. 1	7. INFORMANT	1019	St. Duns	tang	SRoad 12
Z D	LEA This does not leart failure, as injury or comp  ANTE	R CONDITION DING TO DEA mean the mode thenia, etc. It me lication which ECEDENT CAU CONDITIONS.	ATH of dying, e. g ans the disease caused death. SES IF ANY, GIVIN ) STATING TH	, (A)V.2.1 ) <b>368296</b> X	cicella	F DEATH  Septicemia tis and hep				NTERVAL BETWEEN
6.5	RIBUTING TO T	FICANT COND THE DEATH, BUT E OR CONDITION	NOT RELATE							
ZIA. UND UTIN 21D.	19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING  OR CONTRIB. UTING  CAUSE OF DEATH.  21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED WHILE AT NOT WHILE							ty, give e	20. AUTOPSY? YES X NO  exact location)	
	the evidene	e obtained by n my opinion	said Auto	remains desc psu. Inspect	ion or Inc	quiry, find that $\Sigma$ , accident $\square$ ,	said dec suicide	eased died on	iry n the do ], undet	ereon and from  y stated above, ermined   ATE SIGNED
24A. B TION, RE	URIAL. CREMA MOVAL (Specify PIAL RECEIVED BY REGISTRAP	24B. DATE 4/22/5	2 's signatu	Lorrain	e Ceme	ASSISTANT ME	EDICAL EXESTIGATO  24b. LOG  Balt  ECTOR	imore,	d.	21/52



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DIONO DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Unite D. STREET ADDRESS (If rural, give location Yrs. Mos th of stay in Baltimore years 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | H Under | Year | H Under 24 Hours | Months | Days | Hours | Min. 8. DATE OF BIRTH Aug. 26, 1878 Widow 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housework at home rermany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August Ernestine Bauer Anschutz 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT 804 Venable Avenuess-18 16. SOCIAL SECURITY NO. Mrs. Alvin Ewing none NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Adams - Stokes Attack(s) LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO (B) Complete Heart Block ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Anterio-Sclerosis, generalized OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

1957 to 4-20 , 1957 that I last saw the 22. I hereby certify that I attended the deceased from\_ 195% and that death occurred at 6 46 km., from the causes and on the date stated above. deceased alive on 4- 20 23A. SUNATURE 23B. ADDRESS 23c. DATE SIGNED

24D. LOCATION City, town, or county)

24A. BUFFAL, CREMA-TION, REMOVAL (Specify) DUPIAL

24B, DATE

24d. NAME OF CEMETERY OR CREMATORY

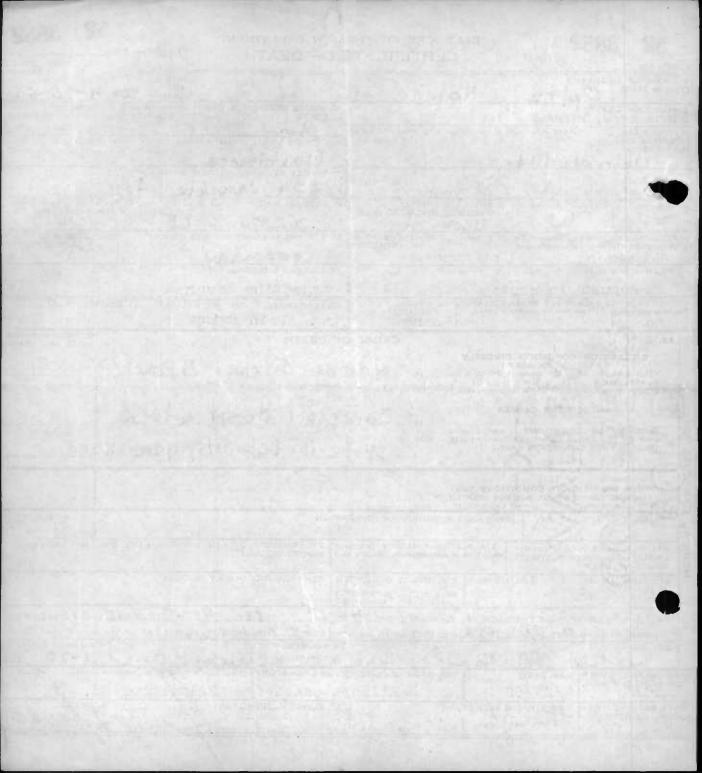
Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

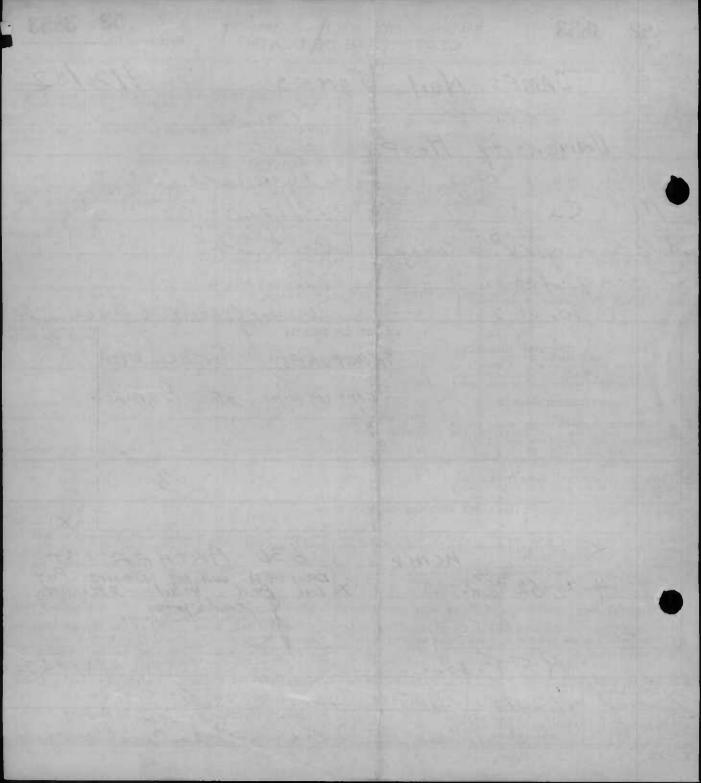
REGISTRAR'S SIGNATURE

Baltimore cemetery

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Mos. ength of stay in Baltimore Days 9. AGE (In years last birthday) Months Days Hours Min. . MARRIED. 6. COLOR OR RACE | 7. SINGYE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF 108, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A, USUAL OCCUPATION (Give kind of) WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 15. WAS DECEASED EXTR IN U.S. ARMED FORCES?
(Yee, no or unknown) yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. 02,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH. 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (House OF INJURY WORK I certify that I took charge of the remains described above, held an \_ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased dad on the day stated above, and death in my opinion resulted from: natural causes [], accident K. suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR TION REMOVAL (Specify: ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR . COGAL REGISTRAR V S 151 V8031



@M-624	2054
BALTIMORE CITY HEALTH DEPARTMENT	3854
52 3854 CERTIFICATE OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print)  HENRY B. MARSHALL  2. DATE OF DEATH APPIL	21, 1952.
3. PLACE OF DEATH:  A. Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived. If inst  A. STATE  B. COUNTY	tution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or Mary Land	
HOSPITAL OR INSTITUTION St. Agnes Hospital location   C. CITY OR TOWN (If outside corporate limits, with the composition of the corporate limits, with the composition of the corporate limits, with the composition of the corporate limits, with the corporate limits and the corporate limits and the corporate limits are corporate limits.	rite RURAL and give township)
Does danies o	
Yrs. D. STREET ADDRESS (If rural, give location) Mos.	5 nil
ength of stay in Baltimore 35 pass   4212 Connecticut Avenue, 2 pass   6. COLOR OR RACE   7. SINGLE, MARRIED,   8. DATE OF BIRTH   9. AGE (In years)   1 limit	1 Year 1 M Haday 24 House
Male   6. COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (In years last birthday)   Married   9.14.1911   9. AGE (In years last birthday)   Months	
10A. USUAL OCCUPATION (Give kind of log. KIND OF BUSINESS OR work done during most of working life, even if retired)   12.	CITIZEN OF WHAT COUNTRY?
Sheet Metal Supt. Standard VVirginia	WITH COUNTY
13. FATHER'S NAME SING . CONST. 14. MOTHER'S MAIDEN NAME	
Henry R. Marshall Elizabeth Carnell	
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. SINFORMANT ADDRESS (If yes, give war or dates of service) 77-72 - 1181.	
21/03/27011/00/1/00/1/00/1	
	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	*************************
injury or complication which caused death.) DUE TO multiple and late	
ANTECEDENT CAUSES	
Z (B) DISEASES OR CONDITIONS, IF ANY, GIVING	·-····································
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	***************************************
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS LINDER.   21B. PLACE OF INJURY (o.g., in or   21c. WHERE DID (If in Baltimore City, give	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING About home, farm, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING About home, farm, factory, etreet, office bldg., etc.)	exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 4/2, 1957 to 4/21, 1957	at I last saw the
deceased alive on 4/21, 19 5 and that death occurred at 5 7 m., from the carses and on the contraction	ate stated above.
236. SIGNATURE 238. ADDIESS / 2	3c. DATE SIGNED
Tom 6 I raly M.D. At Clanes Hope	4/21/52
24A. BARTAL, CREMA- 24B. DATE 24C SIAM OF CEMETERY OF CREMATORY 24D CATION (Sty. Swn. or Crematory)	(State)
Sures you. 2752 racidon, M. Jacto. M.	
DATE RECEIVED BY REDISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR APR 22 1952	dmoudou.
VS 150	

Car Discott of land at the CONTROL OF WAY AND A CONTROL OF A L. Sur Land In a 

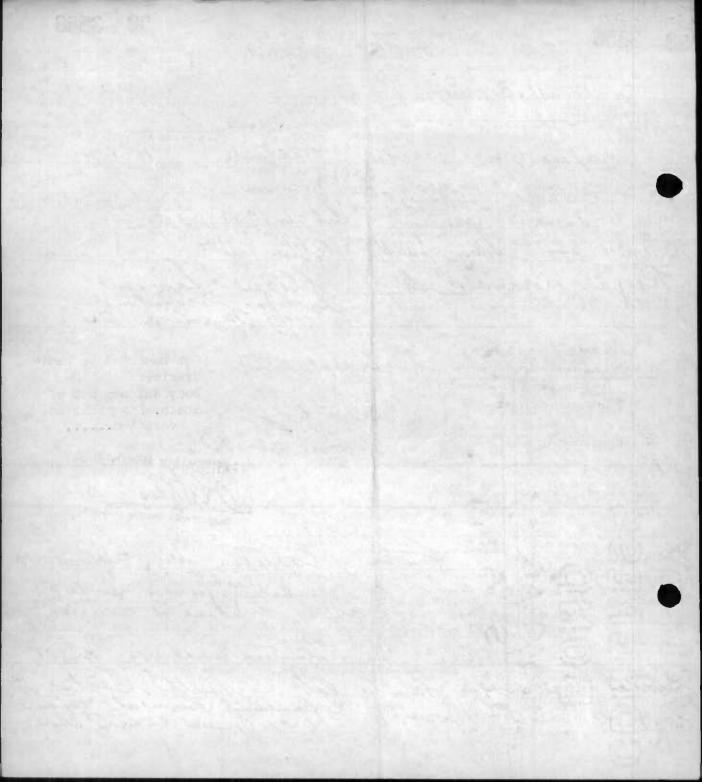
## BALTIMORE CITY HEALTH DEPARTMENT

52 3855

3855 Registered No.\_ CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Nellie E. Fisher DEATH April 20/52 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2917 W. Lanvale St. Bal timore D. STREET ADDRESS (If rural, give location) Yrs. Life 2917 W. Lanvale St ngth of stay in Baltimore Davs 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. If Under 1 Year If Under 24 Hours WIDOWED DIVORCED (Specify) Female. June 13,1891 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Own Home Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August T. Potts Mary E. Kavan augh 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. J. Prestley Fisher. 2917 W. Lanvale NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. Dishetes mellitus TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICA 218. PLACE OF INJURY (o. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg..etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! 1951, to 4 - 20, 1952, that I last saw the 22. I hereby certify that I attended the deceased from\_\_\_ deceased alive on 4 - 19, 1952, and that death occurred at 5:50 Am., from the causes and on the date stated above. 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED Or Lester Wall 4-22-52 24A. BURIAL, CREMA-TION, REMOYAL (Specify) RAD. LOCATION (City, town, or county) New Cathedral Cemetery. Baltimore. Md. April 23/52 Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 4/ 1/4 25 FUNERAL DIRECTOR ADBRESS GAL REGISTRAR

Ar Stembock 3334 Kolfield

1	-653		4 52	2950
5	2 3856 BALTIMORE CITY HE		Marine Company of the	
ВІ	CERTIFICATE	OF DEATH	Registered N	0
	NAME OF DECEASED  (The or Print) Royal Brandon		2. DATE OF DEATH AND	l 21/1852
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (WE	nere deceased liked. If is B. COUNTY	nstitution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN . (If o	utside cornorate limits	write RURAL and give
IN	Marylana General Hospital	Ballmore	11-0	township)
7	Yrs. Mos.	o. STREET ADDRESS (If re	ural, give location)	
5.	gth of stay in Baltimore /2 year Days   6. COLOR OR RACE   7. SINGLE MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   If Under 24 Hours
	6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	Ich. 16. 1920		the Days Hours Min.
	A. USUAL OCCUPATION (Give kind of dome during most of working life, even if retired)  A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR lind)  INDOSTRY	11. BIRTHPLACE State or for		12. CITIZEN OF WHAT COUNTRY?
1	June - ship faid	alter, 0=		u.s. A
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	,
15	. WAS DECEMBED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17 NEORIAN	Jawan	DRESS
(Yes	, no or unknown) (If yes, give war or dates of service) SECURITY NO.	10th ma	diem 6	Zne,
	18. E 885.3 1 CAUSE C	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Not Reported	d to Medical
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  OUE TO	ynacio-	Examiner	
	ANTECEDENT CAUSES	, , ,	Body shipped	
ZO	DISEASES OR CONDITIONS, IF ANY, GIVING	d poisoning	State. Diagram	losis not
ATK	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	mi south	0 ,	
FIC	(C)		CATION APPROV	ED BY
RTI	OTHER SIGNIFICANT CONDITIONS CON-	CENTI	1660	( -
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		11/2000	М. D.
AL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	CHIEF	OR ASST. MEDICAL EXA	YES NO
EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, at reet, office bldg., et CAUSE OF DEATH	(a) INDRY OCURY	in Baltimore City, g	Harfull
Σ	21D. TIME (Month) (Day) (Year) (Hour)   211. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	quion 1.
	act to april 2, 5 While at NOT WHILE AT WORK AT WORK	I bihaling of	lumes al	work.
	22. I hereby certify that I attended the deceased from			, that I last saw the
	deceased alive on April 2/, 19 5 and that death occurr	red at 7:07/m., from th	e causes and on th	e date stated above.
	Sol-Lei Lin M.O.	mayland ger	ne you.	April 2/52
TIC	A. BURIAL, CREMA 248. DATE 24C. NAME OF CEMETER  LINE REMOVAL (Specifical  Carlos 23/9+5 Family	PAY OR CREMATORY \$46. LO	uth B	ration (State)
	TE RECEIVED BY ANGISTRAR'S SIGNATURE	PS SUMERAL RECTOR	Luneral	ADEREN
	PR 22 1952 1 milion 1	1631 Dru	id Ofi	If leve.
	VS 150 690 3L	)		
	N-966.5			



### CERTIFICATE CORRECTED 5/29/52 ES

52 300 BALTIMORE CITY HE CERTIFICATI	
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) (Type or Print)	2. DATE OF DEATH PRV. 20, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL BESIDENCE (Where deceased lived, If institution: residence  B. COUNTY  before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY ORTOWN / (If outside corporate limits, write RURAL and give
JOHNS HOPKINS HOSPITAL	Baltimore 7-15-township)
c. Ougth of stay in Baltimore Yrs. Moss. Days	D. STREET ADDRESS of rural, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years If Under I Year Months; Days Hours; Min.
ADA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
ork done during most of working life, even if retired) INDUSTRY	
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U, S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (if yes, give war or days of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL
18. 410 x and E 955.7 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	mary Delantine Dustes
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)	nonary Infanction 2 whs
ANTECEDENT CAUSES	natic Mutral Stenosis 10425
UI DISEASES ON CONDITIONS, IF ART, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	motic Heart Disease Zyrs
NO.	PTURE OF STOMAGH
OTHER SIGNIFICANT CONDITIONS CON-	repulsar Februltation 6 425
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDING 19B. MAJOR FINDING 19B. MAJOR FINDING 19B. MAJOR FINDING 1	RATION OF 20. AUTOPSY?
214 ACCIDENT WAS LINDED.   218. PLACE OF INJURY (6.	YES X NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH  21B. PLACE OF INJURY (c. 1974)  about home, farm, factory, street, office bldg., HOSDITAL	or A CHERE DID (If improvement City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
2:50 p.m. while at Not while at work	
deceased alive on 20, 132, and that death grow	16, 1953, to 4/20, 1913 that I last saw the red at 8 m., from the causes and on the date stated above.
	238. APDRESS HOPKINS HOSPITAL 1235. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B, DATE 24C, NAME OF CEMETE	ERY OR CREMATORY 240, LOCATION (City, town, or county) (State)
DURIAL APPIL 27 NO 1952 St. 19A 7+ HI	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR DD 2 1022  Tuntington Valiable M.	25. FUNERAL DIRECTOR ADDRESS
DR 22 1952 1 ming 1 min	FEO G. COGIL 1701 N. PIAHFFISON PK

VS 150 N-999.2

See Document File for le ter from Dr. Richard S. Ross, Asst: Resident Physician

5/20/52 ES

52 3858 Registered No.

BIRTH NO.						
1. NAME OF DECEASED (Type or Print)	EDWARD L. RICKERDS	2. DATE OF DEATH 4/20/52				
3. PLACE OF DEATH: a. Baltimore City, Maryland 15 B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION		A. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission				
ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 9. AGE (In years if Under I Year Months Days Hours Min. 9/18/1899 52 if Under 1 Year Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Watchman	Nat. Central Bk.	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Baltimore				
13. FATHER'S NAME	orge M.	14. MOTHER'S MAIDEN NAME Hattie V. Hargett				
15. WAS DECEASED EVER IN U, S. ARMEI (Yes, no or unknown) (If yes, give war or date	D FÖRCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Family - Same				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  (A)  (B)  (B)  (C)  (C)						
OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED Lane	- Cimbri of Circ.				
19A. DATE OF OPERATION 1  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., c	or   21c. WHERE DID (If in Baltimore City, give exact location)				
210. TIME (Month) (Day) (Year)	) (Hour)   21E. INJURY OCCURRE  WHILE AT NOT WHILE  MORK AT WORK	21F, HOW DID INJURY OCCUR?				
22. I hereby certify that I att deceased alive on 218 23A. SIGNATURE	and that death occur, and that death occur	red at 1:45 m., from the causes and on the date stated above.  38. ADDRESS  13/9 Light Dec.  25. DATE SIGNED				
24A. BURIAL, CREMA- TION, REMOVAL (Specify) B 4/24/52	2 Mt. Olivet	RY OR CREMA(TORY 240. LOCATION (City, town, or county) (State)  Frederick, Md.				
DATE RECEIVED BY HEGISTRAN LOCAL REGISTRAN PR 2 2 1952	s SIGNATURE ton Williams M.P.	James L. McCully - I30 E. Fort Avenue.				
VS 150	76	371				

· Marine Marine Marine

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DAM. LOLLINS DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION LUTHERAN HOSE. BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. MARYLAND ngth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. Widow 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY STORE MANAGER ISN DRY CLEANERS 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME LAUNDRY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. 4-01-6967 CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH W PNEUMOTHORAX, LEFT (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,

(B) CARCINOMA, METASTATIC, LUNG-(C) CARCINOMA, PRIMARY SOURCE UNKNOWN

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

2 Ic. WHERE DID

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

WHILE ATT NOT WHILE!

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

. 1952 to 19 APR -, 10 2, that I last saw the 22. I hereby certify that I attended the deceased from 29 feb. deceased alive on 19 ARF., 19 52 and that death occurred at 6 4 Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED

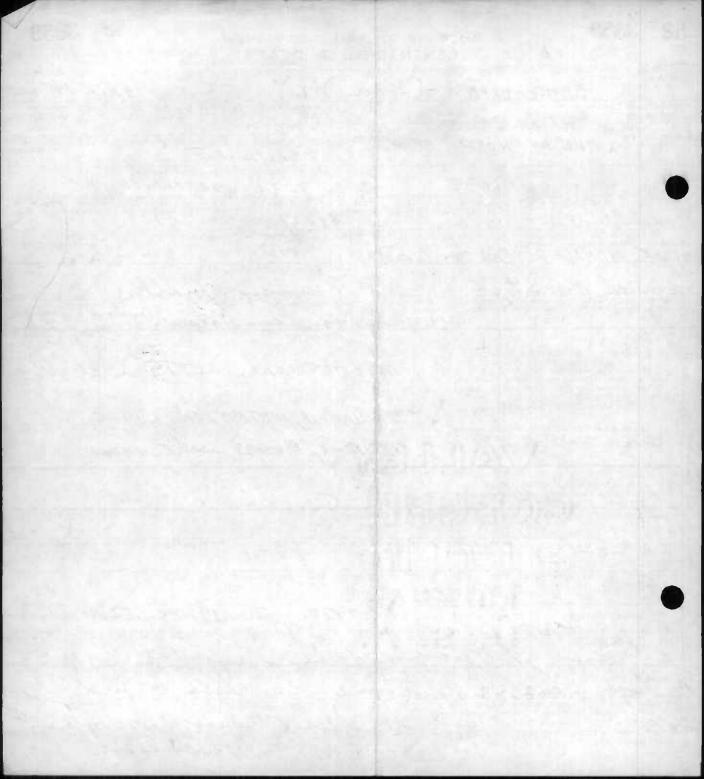
24C. NAME OF CEMETERY OR CREMATORY | 24D/ LOCATION (City, town, or county)

24A. BURIAK, CREMA-TION, REMOVAL Specify) DATE RECEIVED BY LOCAL REGISTRAR

(If in Baltimore City, give exact location)

ADDRESS

EDICAL



52 3860

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print) Walter Me	ntze.		2. DATE OF DEATH ANTI/	21.1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WHA. STATE		titution: residence before admission)
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR INSTITUTION 6 6 10 in A	itution, give street address or location)		utside corporate limits, w	vrite RURAL and give township)
	Yrs. Mos.	D. STREET ADDRESS (If re	ural, give location)	1-6
5. SEX   6. COLOR OR RACE   7. S/N WIE	GLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years li Und last birthday) Month	ler 1 Year   If Under 24 Hours   Min.
male white s	ingle	Oct. 24, 1885	66	
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)   12	WHAT COUNTRY?
13. FATHER'S NAME	AUTO (A)	14. MOTHER'S MAIDEN NA	ME	
Lawrence Mental	/	Mary Bara	ealt	
15. WAS DECEASED EVER IN U. S. ARMED FORCE		17. INFORMANT		RESS
Yes, no or unknown) (If yes, give war or dates of service 4 & S   World War T	210-14-1251	Miss Margaret 1		
Ms. 1222.1		OF DEATH	70772670000	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT				ONSET AND DEATH
(This does not mean the mode of dying,	e. g., (A) Ch	· myrcasalles		1950
heart fallure, asthenla, etc. It means the di injury or complication which caused d	scase,	0		
ANTECEDENT CAUSES				
z	(B) asl	enis delessa	co	1950
DISEASES OR CONDITIONS, IF ANY, G	IVING THE DUE TO	7		,
UNDERLYING CONDITION LAST.	(C)	Tacherbu	y	Det: 1951
OTHER SIGNIFICANT CONDITIONS	CON-			
TRIBUTING TO THE DEATH, BUT NOT RE	ATED			
	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
6 ct. 195-1 Be	sedung ul	eer - non x	ecalignout	YES NO
A 1 21A. ACCIDENT WAS UNDER- 1 218.	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If	in Baltimore City, give	e exact location)
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	MHILE AT NOT WHILE			
22. I hereby certify that I attended	the deceased from	1.12 195 1to a	br. 2/195-A	That I last saw the
deccased alive on an 2!195				
23A. SIGNATURE	ا سمد	38. ADDRESS	int Cul	23c. DATE SIGNED
Caug 511	м. D.	2602 Keterly 1	96,40.	4/27/12
24A. BURIAL, CREMA. 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE		CATION (City, town, or	county) / (State)
Bur)a/ Apri/24,195	2 Western	Cem. 132		
DATE RECEIVED BY REGISTRAR'S SIGN LOCAL REGISTRAR	ATURE	25. FUNERAL DIRECTOR		DDRESS
R 27 1959 Tuntington	Williams 1000	John T. Stanshur	1 2700Edm	ondson An
VS 150	550	65		

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3861' Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Blanche R. Apple gart	h   2. DATE OF DEATH Apri/21,1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION A	c. CITY OR JOWN (If outside corporate limits, write RURAL and give township)
Melchior Nursing Home	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Life Mos. Days	D. STREET ADDRESS (If rural, give location)  1803 Barcla - St.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify,	8. DATE OF BIRTH 9. A E (In years If Under I Year I H Under 24 Hours last birthday) Months; Days Hours Min.
female white widowed.	10146,1871 80
TOA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR Ork done during most of working life, even if retired)	11. BISTHPLACE (8 or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Losmetic Dem. Montgomery Went.	Maryland. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Roberts	Lucrethia Brown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or uokoown) (If yes, give war or detes of service) SECURITY NO.	17. INFORMANT ADDRESS
NO. 218-09-56581	Mrs. Eva Apple earth - 307 Hilton Ave
18. 332 X . CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	cerebral thrombosis 1 week
(This does not mean the mode of dying, e.g., (A)	Garaniar minimogra
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY1
V I	YES NO X
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.	io or 2.1C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
	an , 1952, to April 27 , 19 52, that I last saw the
	rred at 5:10 M. from the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED
M. D.	2431 MARYLAND AVENUE BALTO 18 4-22-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETI	ERY OR CREMATORY   24D. LOCATION (City, town, or county) (State)
	ern Belto. Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
PRZZ 1952 Tuntington Vallacus, My	John T. Stansbury 2700 Edmondson
VS 150	J

Blance R. Ropele granta brakered Marchand to Elleworth Coll.

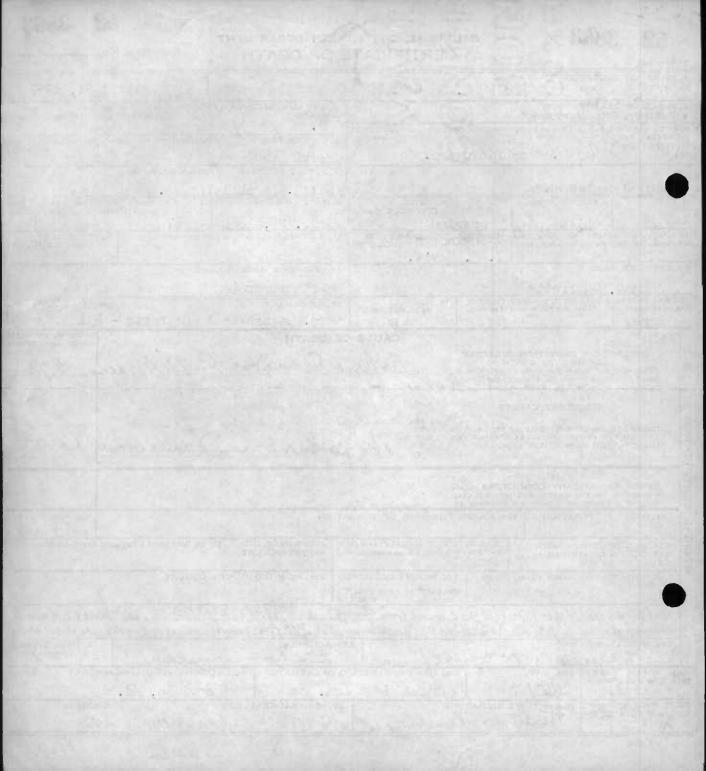
#### CERTIFICATE OF DEATH

52 3862

Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased led, If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) outside corporate limits, write RURAL and give INSTITUTION (Wownship) Yrs. Mos. ngth of stay in Baltimore Days 6. COLOR OR PACE 7. SINGLE, MARRIED It Under 1 Year birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Wilson 10 10 10A. USUAL OCCUPATION (Give kind of JOB. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) WHAT COUNTRY? INDUSTRY 13. FATHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give wer or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO 18. CAUSE OF ONSET AND DEATH. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS 20. AUTOPSY YES EDIC 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from. , 19 that I last saw the , 19 Jy, and that death occurred at ?. deceased alive on 20 Chan Dm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMAmuna DATE RECEIVED BY REGISTRAR'S SIGNATURE

The state of the s

VS 150



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	52	3864			EALTH DEPARTMEN	T Registered		) <del>(</del>
_	RTH NO.	<u> </u>	1		OI DEATH		1	
	NAME OF pe or Print)		ly,	Van	15	2. DATE OF DEATH	/19/	52
Α.		City, Maryland			4. USUAL RESIDENCE	(Where deceased lived: I B. COUNTY	f institution: n befor	residence e admission)
HC	FULL NAMI SSPITAL OF STITUTION		of institution,	give street address or location)		(If outside corporate lim	its, write RUR	AL and give
C.	Ogth of	stay in Baltimore	a 2 fr	Yrs. Mos. Days	D. STREET ADDRESS	(Krural, give location)	32, 1	SA
_	SEX ,	6. COLOR OR RACE	7. SINGLE. M. WIDOWED.		8. DATE OF BIRTH	9. AGE (In years last kirthday)	if Under 1 Year Ionths: Days I	If Under 24 Hours Hours Min.
		CCUPATION (Give kind of stoff forking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAGE (State o	r foreign country)	12. CITIZE	N OF COUNTRY?
13	FATHER'S	Henry	Ba	uko	14. MOTHER'S MAIDEN	name ne Sta	2	V
15 Yes	. WAS DECEA	SED EVER IN U. S. ARME n) (If yes, give war or date	D FORCES? 16	SECURITY NO.	17. INFORMANT	ls. 2001	Cold	Spring
	(This do	ASE OR CONDITION LEADING TO DEA ses not mean the mode of lure, asthenia, etc. It mes or complication which	TH of dying, e.g., ons the disease,	CAUSE (A)	of DEATH	heemou		AL BETWEEN AND DEATH
		ANTECEDENT CAUS	SES					0
CATION	RISE TO	ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA	STATING THE	(B)  DUE TO  (C)				
ERTIF	TRIBUTI	II SIGNIFICANT COND NG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
A L	19A. DATE	OF OPERATION	198. MAJOR FII	NDINGS OF OPER	RATION		20. A	UTOPSY?
EDIC,		IDENT WAS UNDER- OR CONTRIBUTING T F DEATH		OF INJURY (e. g., i factory, street, office bldg.,		(If in Baltimore City,	give exact lo	ocation)
Z	NJUR NJUR	(Month) (Day) (Year		INJURY OCCURR		URY OCCUR?		
		eby certify that I at	tended the dec	eased from	1 10 1942 to	n the causes and on	- /	ast saw the
	23A. SIGN	alive on			23B. ADDRESS	n wie causes and on	23c. DAT	TE SIGNED

24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)

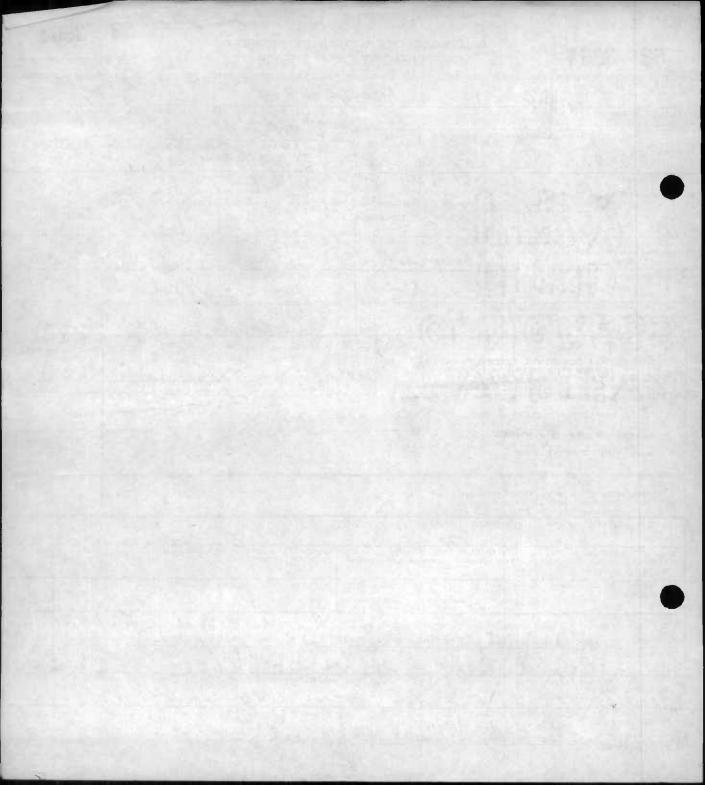
REGISTRAR'S SIGNATURE

M. D. 420- (State) 25. FUNERAL DIRECTOR 23/5

W. Barre

APR 2 2 1952

DATE RECEIVED BY LOCAL REGISTRAR



#### BALTIMORE CITY HEALTH DEPARTMENT

52 3865

Registered No\_ CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH TOY 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give CITY OR TOWN INSTITUTION . hane D. STREET ADDRESS (If rural, give Jocation) Yrs. Mos ength of stay in Baltimore hor 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. If Under 1 Year 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY whichowh whichown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or ookoown) (If yes, give war or dates of service) nkhown 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN 18. 442X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-CE TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT WORK . 193 that I last saw the 22. I hereby certify that I attended the deceased from Man (1952), and that death occurred at 10:30 A.m., from the causes and on the date stated above. deceased alive on the 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS OR CREMATORY 24A BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY 240. LOCATION (Gity, town, or county) (State) Junia DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

BALTIMORE CITY HEALTH DEPARTMENT 3857 Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE LOUISE HMELIA KICHTER (Type or Print) OF DEATH MPRIL 20 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 2618 L. CLIVER ST. B. COUNTY before admission) A. STATE ARYLAND (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION ALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. LIUER OT gth of stay in Baltimore Days 9. AGE (In years | Munder 1 Year | Munder 24 Hours | Months Days | Hours | Min. 7. SINGLE, MARRIED 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) DEC. 30 1888 FEMALE WHITE WIDOW 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 12. CITIZEN OF 10B. KIND OF BUSINESS OR WHAT COUNTRY? INDUSTRY work done during most of working life, even if retired) MUG JLEZK JALTIMORES 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WILLIAM H.C TTGREFE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO. ICHTER-26 INTERVAL BETWEEN CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE WHILE AT WORK AT WORK that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on afor 2 20,195 and that death occurred at Q 33 7 m., from the causes and on the date stated above. 23C DATE SIGNED 23B-ADDRESS 23 GIGNATURE ellas 60 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA! 248. DATE TION REMOVAL (Specify) BURIAL 52 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 2435 E. OLIVER ST.

VS 150

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BI	RTH NO.				CERT	IFICAT	E OF D	EATH	K	egistered	1 NO	
1.	NAME OF	. 3							2. DA7		21-5	
		(	HAKLE				11		DEA	TH_ '		
3. A.	Baltimor	e City, I	Maryland 2	825 V	v. LAN	VALE ST	A. STATE	RESIDENCE		COUNTY	II institu	before admission
	FULL NA		(If not in hospi	tal or institu	tion, give s	treet address of location)		yland	Lif outside a	arnorete ki	mita mita	e RURAL and give
	STITUTIO						A	- COMM	(x1 outside co	16	, with	township
4						Yrs.	D. STREET	ADDRESS	(If rural, giv	e location)		No.
c.	igth o	f stay in	Baltimore	Lula		Mos. Days	2825	241	Lanu	ale	Some	
5.	SEX	6.CO	LOR OR RACE		E. MARRI	ED. RCED (Specify	8. DATE O	F BIRTH	9. AGE	(In years	Months: I	Yant   II Under 24 Hours Days   Hours : Min.
	male		Dhita	m	معدد	)	Non!	8 1892	9	9		
Torl	A. USUAL	OCCUPAT	TION (Give kind o glife, even if retired	10B. KIN	D OF BUS	INESS OR		PLACE (State of	r foreign cou	ntr)		ITIZEN OF VHAT COUNTRY
7	FATHER	make	لد	Beech	Steep	60	Dalter	DOLL	NAME			
'	A.	3 IVANE	Mar Land		51	ret Mil	D.	ER'S MAIDEN	NAME			
15	. WAS DEC	EASED EVE	R IN U. S. ARME	D FORCES?	1 16, 500	CIAL	17. INFOR	Dane	دميا		ADDRES	cc
(Ye	s, no or unkno	own) (If y	es, give war or dat	es ní service)	SEC	URITY NO.	12.	Do 400		9251	. D	n Ch
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	40	2011	CONDITION	DIRECTLY	,	0	OI DEAT		8		01	NSET AND DEATH
		LEAD	oing to DEA	TH		Con	onany	flino	mbrio			10 hours
	heart	failure, astl	ication which	ans the disea	ise,	то	0					
		ANTE	CEDENT CAU	SES			1					
Z	DISE					3)	ine	***********************		*************		
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	TRIBU	TING TO T	ICANT CONE HE DEATH, BUT	NOT RELA	TED		Hore					
U		E OF OPE	RATION			GS OF OPE	RATION					20. AUTOPSY?
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EDICAL	HOMICII	DE (Spe	UICIDE, cify)			NJURY (e. g., street,office bldg.		HERE DID Y OCCUR?	(If in Balt	imore Cit	y, give ex	xact location)
Σ	21p. TIM	E (Month	) (Day) (Year	) (Hour)	21E. INJU	JRY OCCURF	ED 21F, H	OW DID INJU	JRY OCCUP	₹?		
	INJU		, (==0, (====		WHILE AT	NOT WHILE						
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	decense	reoy cert d alive or	njy that I at	19 5 L	e aeceasco	t death occu	rred at 4	m. from	n the cause	es and or	the day	te stated above
		NATURE	01		. and that		23B. ADDRES		./	C 4		DATE SIGNED
	\( \psi \)	lan	aslem	an		M. D.	1201	Toplar	Anne	- 27	- 4	-22-52
2	4A. BURIA ON, REMOVA	L. CREMA- L (Specify)			0	E OF CEMET	RY OR CREM		LOCATION	(City, to	wn, or cou	inty) (State)
7	ATE RECE		REGISTRAR		1200	- Nal	A STAR	RAL DIRECTO	mille	ore.	ADD	RESS
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The Art Services Albert 12 March  160 BALTIMORE CITY HEALTH DEPARTMENT 3869 CERTIFICATE OF DEATH Registered No-BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) teleN DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give JOHNS HOPKINS HOSPITAL INSTITUTION township) -/- Rural Denton of rural, give location) Yrs. D. STREET ADDRESS Mos. 3 days c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 24 Hours 6. COLOR OR RACE 9. AGE (In years last birthday) Months Days Aug. 7, 1914 married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Mitchell Pearl Johns 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, an pr puknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) NOT WHILE WHILE AT 21- 1952 to 4-21- , 1952 that I last saw the 4-22. I hereby certify that I attended the deceased from. deceased alive on 4-21-, 1952 and that death occurred at 230 Am., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE

JOHNS HOPKINS HOSPITAL 24D. LQCATION (City, town, or county)

ADDRESS

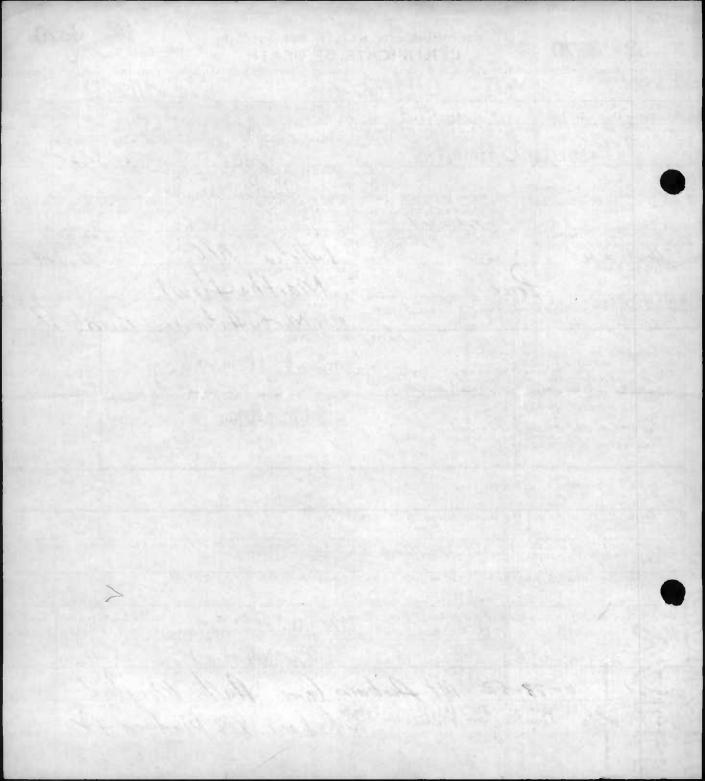
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3870 Registered No.

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	la Allen		of DEATH 4/2	1/52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or i	Salto, Md.  nstitution, give street address or	4. USUAL RESIDENCE (W		institution : residence before admission)
HOSPITAL OR Provident	Hospital location)	c. CITY OR TOWN (III	outside corporate, limits	, write RURAL and give
c. Ogth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r	rural, give location)	
5. SEX 6. COLOR OR RACE 7. S	INGLE, MARRIED, VIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH		Under 1 Year If Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B work dane during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN NA	Hour king	
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yee, no or unknown) (If yes, give war nr dates of ser	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT Miss White the Second	tin 875 K	DRESS ST
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	CTLY  ng, e. g., disease, death.)  DUE TO	erebral Hemo Hemiplegia	rrhage	ONSET AND DEATH
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT I TO THE DISEASE OR CONDITION CAUS	RELATED			
N N N N N N N N N N N N N N N N N N N	IAJOR FINDINGS OF OPER			20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about CAUSE OF DEATH	B. PLACE OF INJURY (e. g., in t home, farm, factory, street, office bldg., e	21C. WHERE DID (If	f in Baltimore City, g	rive exact location)
21D. TIME (Month) (Day) (Year) (House	m. WHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attende deceased alive on 19, 19	4	3/3/ 1952, to 4 red at 1/5% m., from th		, that I last saw the date stated above
23A. SIGNATURE Delonium dekis	м. о.	Bourdent H	ospital	123c. DATE SIGNED
24A. BURIAL. CREMA- TION REMOVAL (Specify) Burial H-23-52	2 Mf fubin	n (em. fal)	b. Mary	ud.
DATE RECEIVED BY REGISTRAR'S SIG	ton Williams My	25. FUNERAL DIRECTOR	Madison	ADDRESS



7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)

16. SOCIAL

DUE TO

DUE TO

(C)

218. PLACE OF INJURY (e. g., in ar

21E. INJURY OCCURRED

about home, farm, factory, street, office bldg., etc.)

WHILE AT WORK

10B. KIND OF BUSINESS OR

52	38'71
Registered No.	
DATE OF DEATH e deceased lived. If insti	2/-52 itution: residence before admission)
side corporate limits, wi	rite RURAL and give
rd. 2-1	O Liamphip)
I, give location)	treet
AGE (in years li Unda) last birthday) Months	Vear H Under 24 Rours Days Hours Min.
	CITIZEN OF WHAT COUNTRY?
	4.5.9.
3 ohl	
ADDF	
man-	lame.
1-12	ONSET AND DEATH
rahous	keep and
, .t.	
delis	4yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

CAUSE OF DEATH

INJURY

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour)

ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ngth of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of)

eck

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

work done during most of working life, even if retired)

13. FATHER'S NAME

(Yes, no nr unknown)

6. COLOR OR RACE

5. SEX

RTIFICATION

CE

EDICAL

198, MAJOR FINDINGS OF OPERATION

NOT WHILE

AT WORK

Yrs.

Mos.

Days

INDUSTRY

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SECURITY NO.

D. STREET ADDRESS

11. BIRTHPLACE (State or foreign

8. DATE OF BIRTH

14. MOTHER'S

(lf rurs

INJURY OCCUR?

21c. WHERE DID

21F. HOW DID INJURY OCCUR?

neur

22. I hereby certify that I attended the deceased j		
deceased alive on upril 181957, and that d	leath occurred at 1 & m., from the causes and on th	e date stated above.
John Sentbicki	M.D. 1802 Exslery lux.	4-21-52
		and the second s

24A. (BURIAL, CREMA- 24B. DATE TION, KEMOVAL (Specify) Kduria

24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR

ADDRESS

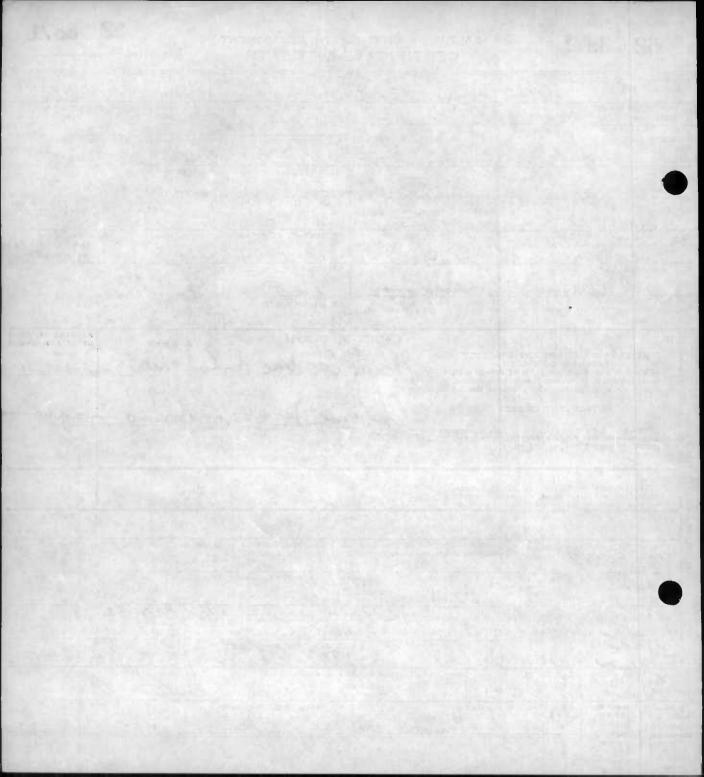
(If in Baltimore City, give exact location)

LOCAL REGISTRAR low

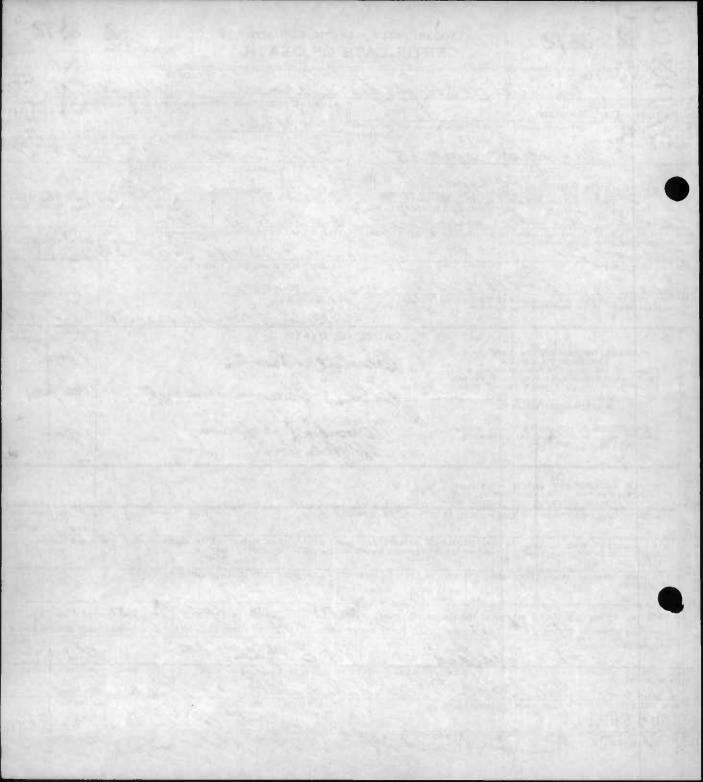
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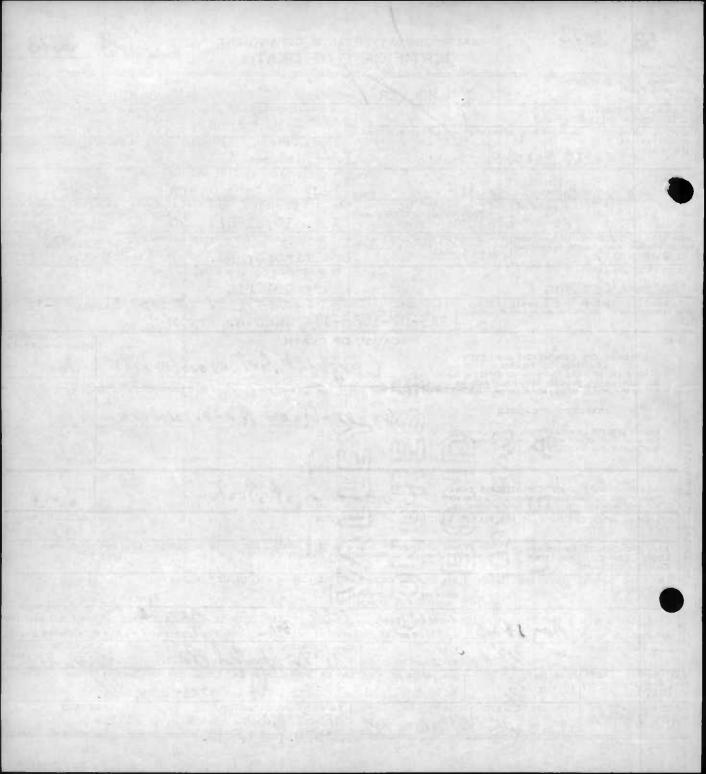
YES



BIRTH NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution)	tution, give street address or location)  Yrs. Mos. Days  BLE. MARRIED.  OWED, DIVORCED (Specify)  ND OF BUSINESS OF INDUSTRY	A. USUAL RESIDENCE (WA. STATE)  C. CITY OR TOWN (If CONTINUE OF THE PROPERTY O	Registered No.  2. DATE OF DEATH here deceased lived. If inst B. COUNTY  putside corporate limits, wi  pral, give location)  9. AGE (In years last birthday) Months  reign country)  12.	hefore admission rite RURAL, and gi townshi
18. USEASE OR CONDITION DIRECTI LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	CAUSE (A) Correction of the co	Joanna 17. INFORMANT MARKE M. D. OF DEATH hal Throwbis 18- Acarrin. Control of Grantes Total of The Control The Control of The Control The	ADDE herces 50/	
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJ	PLACE OF INJURY (e. g., in me, farm, factory, street, office bidg., of the me, farm, factory, street, office bidg., office bidg.	ED 21F, HOW DID INJURY	occur?  1972, to the causes and on the courses	hat I last saw
24A. BURIAL CREMA- 24B. DATE TION ROMOVAL (Specify)  DATE RECEIVED BY LOCAL REGISTRAR APR 2 3 1952  APR 3 1952  Tuntington	New Car	LRY OR CREMATORY 240. LO Chederal Com. 25. FUNERAL DIRECTOR Mrs. 9746. C	Treduis	DORESS



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	52	3873		EALTH DEPARTMENT	5/	2 3873
В	RTH NO.		CERTIFICAT	E OF DEATH	Registered N	0
1. (T	NAME OF E	MARGAR	ET J. HOOVER		2. DATE OF DEATHAPPIL	20, 1952
	Baltimore	City, Maryland		4. USUAL RESIDENCE (W	'B COUNTY	nstitution: residence before admission
H	FULL NAME OSPITAL OR	OF (If not in hospi	tal or institution, give street address or location)		outside corporate limits	write RURAL and give
11	ISTITUTION	1227 Walt	ers Avenue	Baltimore	27-	3 8 township
	ength of	stay in Baltimore	Life Yrs. Mos. Days	D. STREET AOORESS (If r		
	F	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCEO (Specify) WIDOW	Aug. 10, 1881	9. AGE (In years last birthday) Mor	Under I Year If Under 24 Hours hths Days Hours Min
MOL	A. USUAL OC done during most HOUSEWO	CCUPATION (Give kind of of working life, even if retired) TK	108. KIND OF BUSINESS OR INDUSTRY	Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME		14. MOTHER'S MAIDEN NA		0.022
-		Jamison		Mary Griffin		
15 (Ye	s, no or unknown	ED EVER IN U. S. ARME (If yes, give war or dete	D FORCES? 16. SOCIAL SECURITY NO 215-07-108	17. INFORMANT 1227 8-A) John A. P		Mersae -12
RTIFICATION	(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mee complication which ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	caused death.) DUE TO  SES  (B)	rebral Artens evalized Arte		<b>V</b>
CERTIF	TRIBUTIN	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED CON	oma of Rectu	m	6 mo
L			198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIL LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., I about home, farm, factory, street, office bldg.,		in Baltimore City, gi	
Σ		(Month) (Day) (Year	) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE			
			m.   WORK   AT WORK	1950	Acr The	2
	deceased a	A	tended the deceased from	rred at 3:30/m., from th		that I last saw the date stated above
	23A. SIGNA	201/1	Winnerman M. D. 2	2050 Harford	ad.	23c. OATE SIGNED
	on REMOVAL OUTIAL	Specify 4/23/5	2 New Cathedre	- 1/1	ltimore, Mo	V
O.	APRIZ 3	REGISTRAN	ton Williams My?	25. FUNERAL OIRECTOR	SONS, INC	ADDRESS
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### BALTIMORE CITY HEALTH DEPARTMENT

52 3874 Registered No.

215	TH NO	40 -		CERTIFICATE	OF DEATH	registered 110	
_	NAME OF D	ECEASED				2. DATE	
Ty	pe or Print)	Deli	la Bri	dget Ritmill		OF Apri	1 20,1952
A		City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	before admission)
	SPITAL OR	OF (If not in hospital	al or instituti	on, give street address or location)	c. CITY OR TOWN (If	outside corporate limits,	write RIIRAL and give
	STITUTION	706 Gorsi	ich Av		Baltimor		township)
٧				77 -Yrs.	D. STREET ADDRESS (If	rural, give location)	
6.	ength of s	tay in Baltimore		Mos. Days	706 Gorsuo		8.1.2
	SEX	6. COLOR OR RACE		E. MARRIED, ED, DIVORCED (Specify)	April 26,1874	last birthday) Mon	ths Days Hours Min.
	emale	White	Wido	OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF
ork	done during most of HOUS 6 -	CUPATION (Give kind of of working life, even if retired) WIF A		INDUSTRY	Md.		WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN NA	AME	
	John	Rowen			Mary McMahon		
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	AD	DRESS
	, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Mrs.M.G.Neal	706 Gorguch	Ave
	-			none	OF DEATH	00 001 5 401	INTERVAL BETWEEN
	18. 421	0.0					ONSET AND DEATH
	DISEAS	SE OR CONDITION LEADING TO DEA		1	krögelerote	Har 1 1.	6 Care
		s not mean the mode of	of dying, e. g	3., (A)	profiles to	rovy ps.	0 0
	heart failu	are, asthenia, etc. It mes complication which	ns the diseas caused death	e,			
					Ceremal le	6	100
		ANTECEDENT CAUS	SES		eremal a	Herrosch	1011
5	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	1G (B)		·····	
Ĭ	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	HE DUE TO			
4	GREEKE	THE CONDITION OF		(C)		***************************************	
F					weeks		
E	OTHER S	II SIGNIFICANT COND	ITIONS CO	٧.			
H.	TRIBUTING	G TO THE DEATH, BUT	NOT RELATI	ED .			
U		DISEASE OR CONDITION		FINDINGS OF OPER	and the same of th		20. AUTOPSY?
إ	19A. DATE	OF OPERATION	ISB. MAJOR	PINDINGS OF OFE			YES NO
Q I			l 21n Pl	ACE OF INJURY (o. g., i	n or   21c, WHERE DID (	If in Baltimore City, g	
ED		DENT WAS UNDER- OR CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg.,			
Σ	21D, TIME	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
INJURY  MHILE AT NOT WHILE AT WORK  AT WORK							
	22. I herel	by certify that I at	tended the	deceased from	in 1942, to \$		that I last saw th
	deccased a	1610 110	719	and that death occur	rred at 1 m., from t	the causes and on th	
	23A. SIGNA	TURE (	00	W 2	3B. ADDRESS	1 10	23c. DATE SIGNED
		de	Cm	might M. D.	2426 Luc	m 14.	14/21/52
2	4A. BURIAL, ON, REMOVAL (	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
	on REMOVAL ( Burial	4-23-1	952	New Cathed	ral	Baltimore,	Md.
_	ATE RECEIVE				25. FUNERAL DIRECTOR		ADDRESS
4	PR 2531	THEFTAR A'	nator 1		G. Howard Stron	g 3207 W. No	orth Ave.,

. A 26

De Sel South 1773E NOTH AUE MU 5730

52 3875 BALTIMORE CITY HEALTH DEPARTMENT 3875 Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Thomas RoberT 4-22-52 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION FRANKlin ALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Koslyn. Days 6. COLOR OR RACE | 7. SINGLE, MARRIED. 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours Min. Widowed IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired oda. Fountain NON TRY

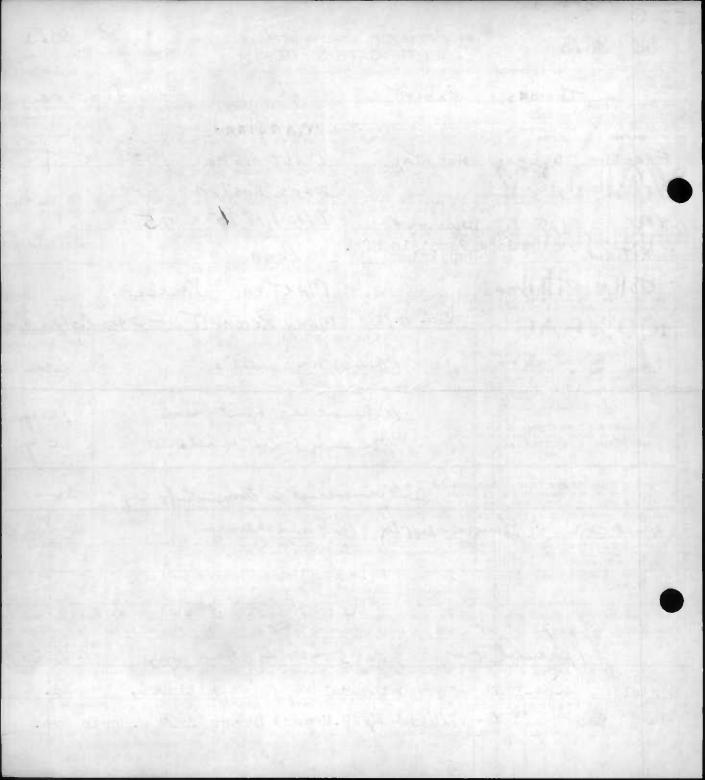
ReTired WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John. JACKSON. nomas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURIT 400 Koslyn Ave 120:0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY EDICAL 218 PLACE OF INJURY (e.g., in or | 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 1954 to Q - 22 . 1936, that I last saw the 22. I hereby certify that I attended the deceased from. 6 Mm., from the causes and on the date stated above. deceased alive ont - 21 \_\_\_\_, 1952, and that death occurred at\_ 23c. DATE SIGNED 4/24/5 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) 4-24-1952 New Cathedral Baltimore. Burial

25. FUNERAL DIRECTOR

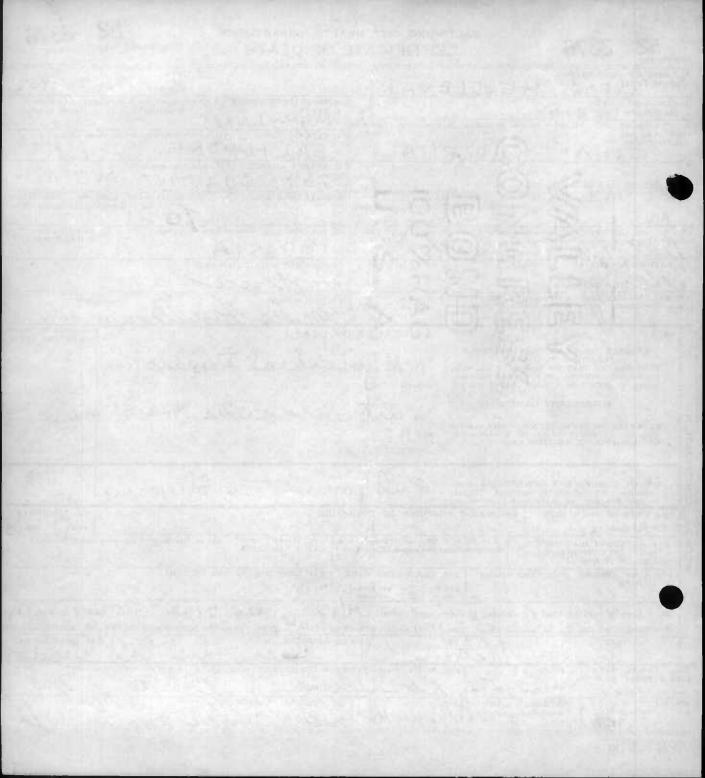
Villaus, My. G. Howard Strong 3207 W. North Ave.

DATE RECEIVED BY

LOCAL REGISTRAS



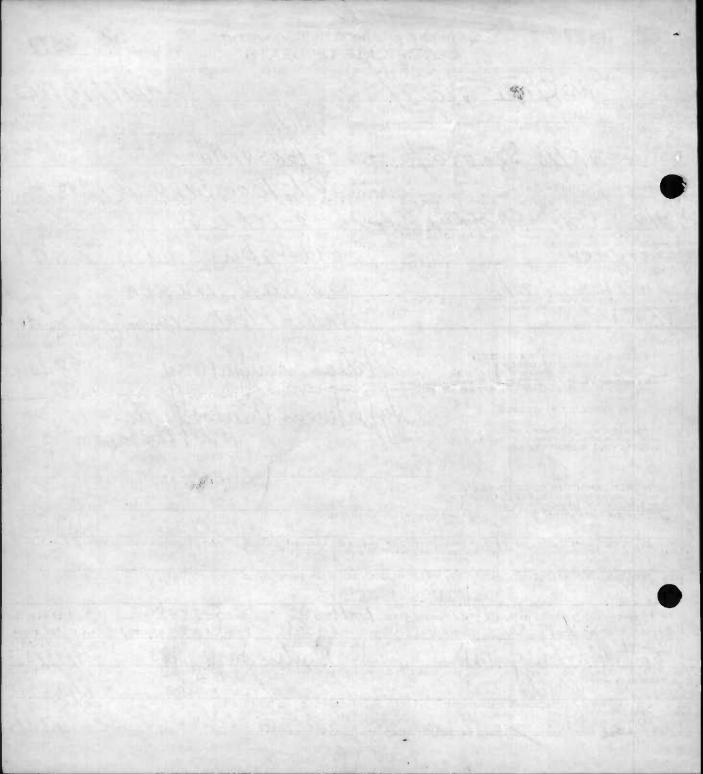
5 3 4	
BALTIMORE CITY HE	
52 3876 CERTIFICATE	E OF DEATH Registered No.
BIRTH NO.  1. NAME OF DECEASED	2. DATE
(Type or Print) AARON HENDLEMAN	OF APRIL 22, 1952
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution : residence
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE before admission)
HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
4 SINAI HOSPITAL	BALTIMORE 15-13 township)
Yrs. Mos.	o. STREET ADDRESS (If rural, give location) 2643 DUALTICO AVE #15
ength of stay in Baltimore Days	2013 40701100
6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years   1 Under   Year   1 Under 24 Hours   Months Days   Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR Work of the during reset of working life, even if retired)	11. BIRTHPLACE (State or foreigh country)  12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NO 11 X 1	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Dunoun
(Yes, no or unknown) (19 yes, give wer or dates of service) SECURITY NO.	17 INFORMANT ADDRESS
18. 1/20. A CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	cardial Turanetia
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	cardial Infanction
	000000
ANTECEDENT CAUSES	in-schutte part their
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON-	T 00
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	mary truphysoms
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
None   218 PLACE OF INITIAL OF IN	YES NO X
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	
CAUSE OF DEATH	TO A STATE OF THE PARTY OF THE
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m.   WORK   AT WORK	
22. I hereby certify that I attended the deceased from	113 1952 to 4/22 , 19.5, That I last saw the
deceased alive on 4 2 2, 19 2 and that death occur  23A. SIGNATURE	red at 32 pm., from the causes and on the date stated above
23A. SIGNATURE	38. ADDRESS . Lassela 23c. DATE SIGNED
24A BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	
TION, REMOVAL (Specify) 4-23-52 Rosed	ale Balts ma
DATE RECEIVED BY   DEGISTRAR'S SIGNATURE,	25/FUNERAL DIRECTOR ADDRESS OF
2231 Williams, Me	tack Lewis me 2100 butan Pl
APR 2 3 952 2 9 1	



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3877

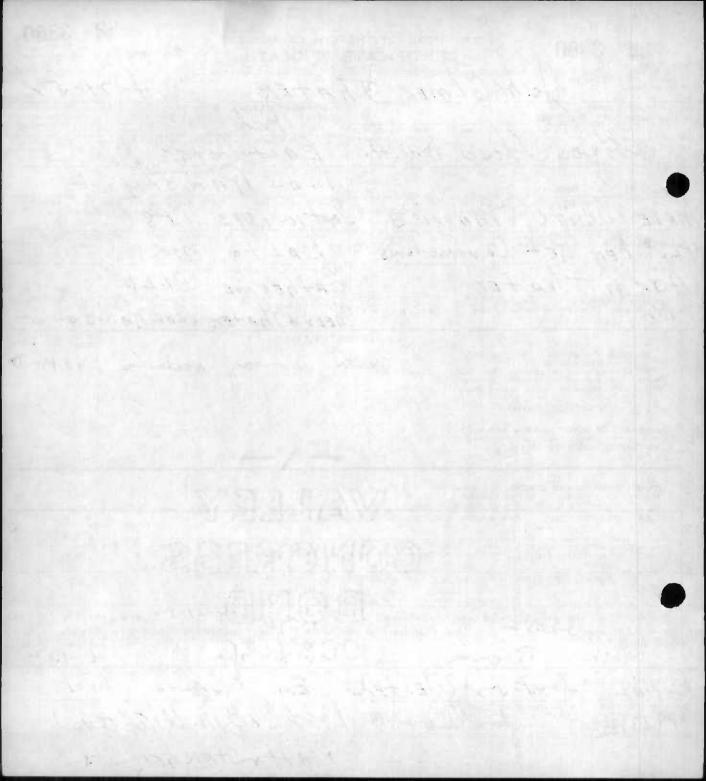
31	RTH NO.		0. 22		
Τ.	NAME OF DECEASED // Bp // 2 //			OF DEATH TOAT	18,1952
Α.	PLACE OF DEATH: Baltimore City, Maryland	/	4. USUAL RESIDENCE (W	B. COUNTY	before admission)
	FULL NAME OF (If not in hospital or institution, give street addr	- 4: >	CITY OF TOWN (If	oyaside corporate limits, w	rite RURAL and give
N	STITUTION A KILL SON A ha Hack	b.	Os tousvill	0	township)
			STREET ADDRESS (If	rural, give location)	
-		Mos. Days	36 15/00M	INRGALE	AVC.
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,		DATE OF BIRTH	9. Acc (in years   I Under   last hirthday)   Months	
	1818 COI. Married. (Sex	0) (	1-2-1887	64	
	A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS'C I dopo defing most of working life, even if retired)		1. BIRTHPLACE (State or fo	oreign country) 12.	CITIZEN OF
10	Liardneh		Elderspu.	no /1/q.	H.S.a.
13	FATHER'S NAME	,	4 NOTHER'S MAIDEN N	AMERICA	
15	WAS DECEASED EVER IN U.S. ARMED PORCES?   16, SOCIAL		JUSAN	Irugen	
Ye	s, in (opunknown) (If yes, give war or dates of service) SECURITY	NO.	7 INFORMANT	L plan ADDI	RESS 86
1		ICT O	011161104	Tolloming	INTERVAL BETWEEN
	7000	$\nu$	DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11/1	al Insullie	IRMEN	98 days
	(This does not mean the mode of dying, e.g., (A)				10 amy
	injury or complication which caused death.) DUE TO	1 -	+ . 14	10 +	
,	ANTECEDENT CAUSES	bers	Ensert Celle	osteroue	
2	DISEASES OR CONDITIONS, IF ANY, GIVING	10	1 14	os chrolic	2
	UNDERLYING CONDITION LAST.				1
Ĺ	(C)				
2	OTHER SIGNIFICANT CONDITIONS CON-				
נו	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ļ	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF	OPERA*	TION		20. AUTOPSY?
2	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY	(e. g., in o	r 21c. WHERE DID ()	If in Baltimore City, give	
נו	HOMICIDE (Specify) about home, farm, factory, street, office				
Ξ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCC	CURRED	21F. HOW DID INJURY	Y OCCUR?	
		WHILE			
	22. I hereby certify that I attended the deceased from		1-52, 19 to 4	-18-5219 +	hat I last sam the
	deceased alive on 4-17-52-19 and that death	oecurr	ed at 6-30 m., from t		
	23A. SIGNATURE		. ADDRESS		3c. DATE SIGNED
		D. 5	Mulls das	1 00	7//1/3 -
2	4A. BURIAL, CREMA- 248. DATE 24C NAMP OF CE	METER	OP CREMATORY 240 L	OCATION (City, town, or	county) (State)
6	sural you 33,52 Will will	18/1	LUMBURY WU	THUIS A	DDRESS Z > A
L	ATE RECEIVED BY REGISTRAD'S SIGNATURE	7	5. FUNERAL DIRECTOR	7/1 / 1	1 522 N
4	17 23 1952 1 Turlington Villealles- M	11	reverse as will	reams se	morale st
	VS 150	0/0			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) ISATAH GRIER DEATH April 18, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate/limits, write RURAL and give INSTITUTION township) University Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 206 Myrtle Avenue Days 9. AGE (In years | | Under | Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. 8. DATE OF BIRTH 7. SINGLE, MARRIED 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) male colored TRAFICA 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSTNESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 2WHAT COUNTRY work dope during most of working life, even if retired) INDUSTRY Laborer 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes. mo.or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, mo, or unknown) SECURITY NO. INTERVAL BETWEEN 490X CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ..Lobar...pneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Fatty liver ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WORK AT WORK partial autopsy 22. I certify that I took charge of the remains described above, held an \_ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23B, CHIEF MEDICAL EXAMINER. 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) ZAA. BURIAL, CREMA-TION REMOVAL (Specify) 248. DATE REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR 151

THE STATE OF STREET AND STREET to de to alma (III) and property of 1125 6 6 0 mg 5.18 1. - warned (N)

-	560										
В	52 IRTH NO.	3880	1 ,			OF DEATH		Regis	stered N		3880
	NAME OF D	DECEASED	OW (	LMER	97	ATER	12	OF DEATH	4-	2/-	5>
Α.	PLACE OF D Baltimore	City, Marylai				4. USUAL RESIDEN	NCE (Whe				n : residence fore admission)
H	OSPITAL OR	4 Gos.	Hos	p J.O.	9 4 1 1 -	SA L		of C	ate limit	7-C	URAL and give wnship)
	ngth of s	tay in Baltin	nore		Yrs. Mos. Days	1404	1 -	al, give loc		5/	•
M	SEX 1ALE	whit	e m	NGLE, MARRIED, DOWED, DIVORCE A RAILCO		DATE OF BIRTH	93	. AGE (In last birth		Under I Year nths Day	
7	ZUM O	CUPATION GO of working life even i	frefired)		SS OR IDUSTRY	BAL+	ate or forei	m country	-	12. CITI WHA	ZEN OF AT COUNTRY?
1	HOAN	n Th	ATEI		ST.	PATHER'S MAIL	NE NAM	D, .	44		
(Ye	o. WAS DECEAS	ED EVER IN U.S (If yes, give wa	. ARMED FORCE r or dates of service	16. SOCIAL SECURI	TY NO.	ELVATHA	TER	1404	RA	DDRESS M SA	9454
	(This does heart failu	SE OR CONDI LEADING TO s not mean the are, asthenia, etc. complication	DEATH mode of dying It means the d	TLY , e. g., (A) isease,	Acut	DEATH	7	geeln	un	INTE	NAL BETWEEN
ERTIFICATION	RISE TO T	ANTECEDENT S OR CONDITI HE ABOVE CAUS YING CONDITI	ONS, IF ANY, (SE (A) STATIN	GIVING G THE DUE TO							
CERTIF	TRIBUTING	SIGNIFICANT OF TO THE DEATH	H, BUT NOT RE	LATED							
AL		OF OPERATION		JOR FINDINGS							AUTOPSY?
EDIC,	21A. ACCIE LYING OF	ENT WAS UNI R CONTRIBUT DEATH		PLACE OF INJUF ome, farm, factory, street			D (If in	n Baltimor	e City, s	rive exact	location)
Σ	21D. TIME INJURY	(Month) (Day)		21E. INJURY WHILE AT WORK	NOT WHILE	21F. HOW DID I					
	deceased a	live on 3-13	I attended	the deceased from	th occurre	5-50, 19 d at 10-17 m.,	to T's	causes at	_, 19 nd on th	, that I ie date s	last saw the stated above.
		nthou	Racu	sin	M. D. 238	206 S. G	ilm	84		4 3	ATE SIGNED
龙	A) BURIAL, CAN REMOVAL (S	Specify)	OATE VS-V	WES 7	EIN	OR CREMATORY	24D. LOC.	2 L + u	ty, town,	M C	(State)
4	PR 23		trar's sign	Williams,	My?	FUNCTION BY	BM	. W	al.	ADDRE:	SS
	VS 150		0	5742	24 1	PRAHY	StA	ichE	R.	5+5	



WORK

23A. SIGNATURE

22. I hereby certify that I attended the deceased from 3 - 20, 19 16 to 4- 22, 1952 that I last saw the . 1952. and that death occurred at 630 A.m., from the eauses and on the date stated above. deceased alive on 4-2/

24c. NAME OF CEMETERY OR CREMATORY

REGISTRAR'S SIGNATURE

Tuntington

25/52

Villaus.

April

24D. LOCATION (City, town, or county)

23c. DATE SIGNED

24A. BURIAL. CREMA-TION, REMOVAL (Specify)

LOCAL REGISTRAR

PR 23 1952

Loudon Park

Balto. Md. 26. FUNERAL DIRECTOR

ADDRESS 4101 Edmondson Ave.

VS 150

HTIGG TO STADDITESS TO THE • CONTRACT TO PERSONNEL CONTRACTOR 

TH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore Dava 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE 9. AGE (In years If Under I Year I Work 24 Hours Last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 108. KIND OF BUSINESS (State or foreign country) 12. CITIZEN OF host of working life, even if retired) WHAT COUNTRY? NAME 14. MOTHER'S MAIDEN NAME MILL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yee, give war or dates of service) (Yes, no or unknown) SECURITY NO. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDICA YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 1 deceased alive on and that death occurred at m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRES 24A. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3883 Registered No.

TOTAL TOTAL			CERTIFICATI	E OF DEATH	Registered	110.
BIRTH NO.						
1. NAME OF E (Type or Print)	ECEASED	oward H	ildt Smith, Sr.		2. DATE OF DEATH	-20-1952
3. PLACE OF C	City, Maryland			4. USUAL RESIDENCE A. STATE	B. COUNTY	if institution: residence before admission)
B. FULL NAME HOSPITAL OR			ion, give street address or location)			its, write RURAL and give
INSTITUTION	Baltimore Ci- 4940 Hastern	Ave.	itals	Baltimor	e F	township)
			Yrs.	D. STREET ADDRESS	If rural, give location)	
c. Length of s	stay in Baltimore	Li	fe Mos.		ifornia Ave.	zone 14
N. SEX	6. COLOR OR RACE	7. SINGLE WIDOW Wide	E, MARRIED. /ED, DIVORCED (Specify) <b>wed</b>	Aug. 8-1874	9. AGE (In years last birthday)	If Under 1 Year II Under 24 Hours Months Days Hours Min.
	CCUPATION (Givekind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTER?
Retire	of working life, even if retired)		INDUSTRI	Meryland		WHAT COUNTY
13. FATHER'S				14. MOTHER'S MAIDEN	NAME	
Unknow		2010	1	Unknown		(Dec.
Yes, no or unknown	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. 217-01-4193	17. INFORMANBAL+1 Records: 4940	more City Hos Eastern Ave.	parate
18. F. 9,	12 1)	-	102: 02 020	OF DEATH	20 COLOTT	INTERVAL BETWEEN
	SE OR CONDITION	DIDECTIV	CAUSE	OF DEATH		ONSET AND DEATH
	LEADING TO DEAT	ГН	Brench	nopneumonia		48hrs.
heart fail	s not mean the mode oure, asthenia, etc. It mea	ns the discas	e,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
injury or	complication which	aused death	.) DUE TO	CERTIFICATI	ON APPROVED BY	
6 6 6 1 1 1 1 1	ANTECEDENT CAUS	SES		1.1	10001	
	S OR CONDITIONS, I			11 10000	1 ANTENTA	
RISE TO	THE ABOVE CAUSE (A)		HE DUE TO	CHIEF OR ASS	L WEDICAL EXAMINER.	0;
0			(C)	Starte Ou 122	LANGUE EXAMETER	
	11					
below 1	SIGNIFICANT CONDI		Trocanno	of Left Hip		15days
	DISEASE OR CONDITION	CAUSING I	1.			
			FINDINGS OF OPER		on Wattina	20. AUTOPSY?
¥ 4-8-1				Hip-Smith Peters	(If in Baltimore City	yes No X
⇒   21A. ACCII	DENT WAS UNDER- OR CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., l farm,factory,street,office bldg.,	eto.) INJURY OCCUR?	ifornia Ave.	
	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
INJURY	4-5-1952	m.	WHILE AT NOT WHILE	x Fell while a	ttempting to	stand
22. I herei	by certify that I at	tended the	deceased from 4-?	, 19 <b>52</b> , to_	4-20-, 19.	52, that I last saw the
deceased a		19 52	and that death oecu	rred at 12.30RM, from	n the eauses and on	the date stated above.
23A. SIGNA	ATURE	//		23B. ADDRESS		23c. DATE SIGNED
	J		M. D.	1940 Eastern Ave	. Baltimore M	d. 11-21-1952
24A. BURIAL, TION, REMOVAL (	CREMA- 24B. DATE Specify)		24c. NAME OF CEMETE	ERY OR CREMATORY 240	LOCATION (City, tow	on, or county) (State)
Buria		52	Moreland M		altimore, Ma	
DATE RECEIVE	ED BY   REGISTRAR	S SIGNATI	TREY'II.	25 FUNERAL DIRECTO	R	ADDRESS
APR 2319	52" Hunt	ngton	Williams, My	Leonard J. R	uck, 5305 H	larford Road
VS 150	TO 1	APPR	OVED BY THE ME	EDICAL EXAMINER		
/	V820.0					

TO SELECT THE PROPERTY OF THE PARTY OF THE P Marketin to round size a series of the series 

6. COLOR OR RACE | 7. SINGLE, MARRIED

108. KIND OF BUSINESS OR

198, MAJOR FINDINGS OF OPE

M. D.

24c. NAME OF CEMETERY OF GREMATOR

about home, farm, factory, street, office bldg.

\_\_\_\_. 19 3 2, and that death occu

ngth of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes no or unknown) | (If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

22. I hereby certify that I attended the deceased from !!

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

CAUSE OF DEATH

23A. SIGNATURE

DATE RECEIVED BY

VS 150

F INJURY

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

deceased alive on H. 2

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)

21D. TIME (Month) (Day) (Year) (Hour)

work done during most of working life, even if retired)

News Paper 13. FATHER'S NIME

James

18.

RTIFICATION

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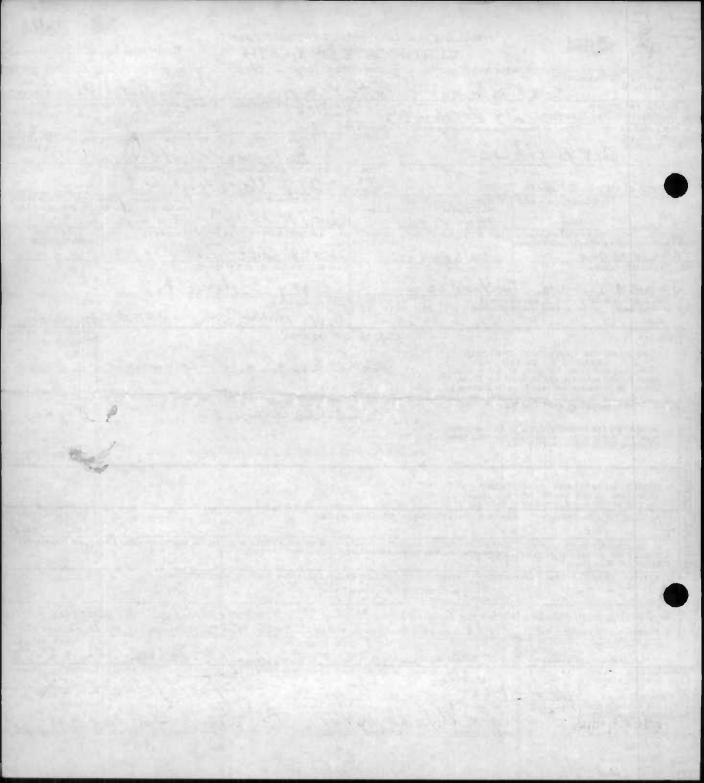
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52	3884

CERTIFICATE (	OF DEATH Registered No.	
henery Patter		21,1952
	USUAL RESIDENCE (Where deceased lived, If in STATE B. COUNTY	stitution: residence before admission)
141	CITY OR TOWN (If outside corporate limits)	write RURAL and give
Mos.	STREET ADDRESS (If rural, give location)  219 Northway	- / / / -
WIDOWED, DIVORCED (Specify)	DATE OF BIRTH   9. AGE (ITT YEARS) II U	nder I Year If Under 24 Hours hs Days Hours Min.
B. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
lews paper 14	acksonville L/	USA.
Herson RCES?   16. SOCIAL   17	Mary Hamilton	DRESS
SECURITY NO.	.H. Patterson RFD#3	Amapais INTERVAL BETWEEN
CAUSE OF	DEATH	ONSET AND DEATH
ring, e.g., (A) Line disease, ed death.) DUE TO	Larie of Electrica	# gm
IY, GIVING	inis. Aclematic	3 year.
(C)		
NS CON- RELATED USING IT.		
MAJOR FINDINGS OF OPERATION	ON	YES NO
21B. PLACE OF INJURY (e. g., in or out home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, given INJURY OCCUR?	ve exact location)
21E. INJURY OCCURRED WHILE AT NOT WHILE	21F. HOW DID INJURY OCCUR?	
m.   work   AT WORK   led the deceased from	o ,1947 to H. 21 ,19 32,	
	at 11:30 m., from the causes and on the	23c. DATE SIGNED

24D. LOCATION (City, town, or county)

25 FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT 3885 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE HELEN (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STAT B. COUNTY before admission) (If not in bospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write-RURAL and give INSTITUTION Yrs. o. STREET ADDRESS (If rural, give location) Mos. KOYUYN ngth of stay in Baltimore Days AGE (In years 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under I Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. MIDOMED 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF HOUSEWIFE WHAT COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HEODORE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or anknown) SECURITY NO. INTERVAL RETWEEN 18. W CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) 411 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF PERATION 20. AUTOPSY EDICAL NO YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, nffice bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE AT WORK 194 tallor 2. 1952 that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on A. 1952 and that death occurred at ] m., from the causes and on the date stated above. 23¢. DATE SIGNED 24A SIGNATURE 238. ADDRESS .22.5 24A. BURIAL, CREMA-TION, REMOVAL (Specify) (State) 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE DUUDON

25. FUNERAL DIRECTOR

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE.

wilington

1526 332h 

### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 52 3886 CERTIFICATE OF DEATH B. (1. (T

BII	RTH NO.						
	NAME OF D	ECEASED	Balhursi	Dobbin		OF DEATH	122-1952
A.		EATH: City, Maryland	1308	Bolton St.	4. USUAL RESIDENCE (V	B. COUNTY	institution : residence before admission)
HC	FULL NAME SPITAL OR STITUTION	OF (If not in he	ospital or instituti	on, give street address or location	c. CITY OR TOWN (II		s, write RURAL and give township)
A	1)				13allinore	11-0	
C.	agth of s	tay in Baltimor	e 73	Yrs. Mas. Days	D. STREET ADDRESS (IF	rural, give location)	
~	sex Itrriale	6. COLOR OR RA		, MARRIED, ED, DIVORCED (Specify	Jan. 6- 1879		Under 1 Year If Under 24 Hours nths Days Hours Min.
10	A. USUAL OC	CUPATION (Give king life, even if re	ind of 10s. KIND tired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	. 0	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N		1
	Thomas	m. Dob	ben		Harrison, Be	ssie	
15	. WAS DECEASE	D EVER IN U, S. AI	RMED FORCES?	16. SOCIAL	17. INFORMANT	A	DDRESS
(100	no or unknown)	(If yes, give war or		SECURITY NO.	Margaret 9. 4	wh- Same	
	(This does heart failu	SE OR CONDITION LEADING TO It is not mean the more, asthenia, etc. It complication whi	DEATH ode of dying, e. g means the disease ch caused death	. Virus	of DEATH Incumonia	•	INTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	RISE TO T	S OR CONDITION THE ABOVE CAUSE VING CONDITION	(A) STATING TH	G (B)			
CERTI	TRIBUTING	IGNIFICANT COSTO THE DEATH,	BUT NOT RELATE	D			
	19A. DATE C	F OPERATION	19B. MAJOR	FINDINGS OF OPE	RATION		YES NO
EDICAL	21A. ACCIE LYING O	ENT WAS UNDE R CONTRIBUTIN DEATH	11.	CE OF INJURY (e. g., arm, factory, street, office bldg.		If in Baltimore City,	give exact location)
Σ	21D. TIME F INJURY	(Month) (Day) (Y	, ,	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	22. I herch deceased a	y certify that I		deceased from 4	rred at 6 % m., from 1		that I last saw the date stated above.
	23A. SIGNA		0.m.lo		37 W. Preston D	4	23c, DATE SIGNED
24 TIC	A. BURIAL,	CREMA- 248 DA	12119	24C. NAME OF CEMET	Legan To.	OCATION (City, town	or county) (State)
	ATE RECEIVE		RAR'S SIGNATU	[ A P	25. FUNERAL DIRECTOR	i' la	ADDRESS

Tient former in

4/4 68. 33 4/92/ 53

Dr H. D. me Carty. 37 W. Breston St.

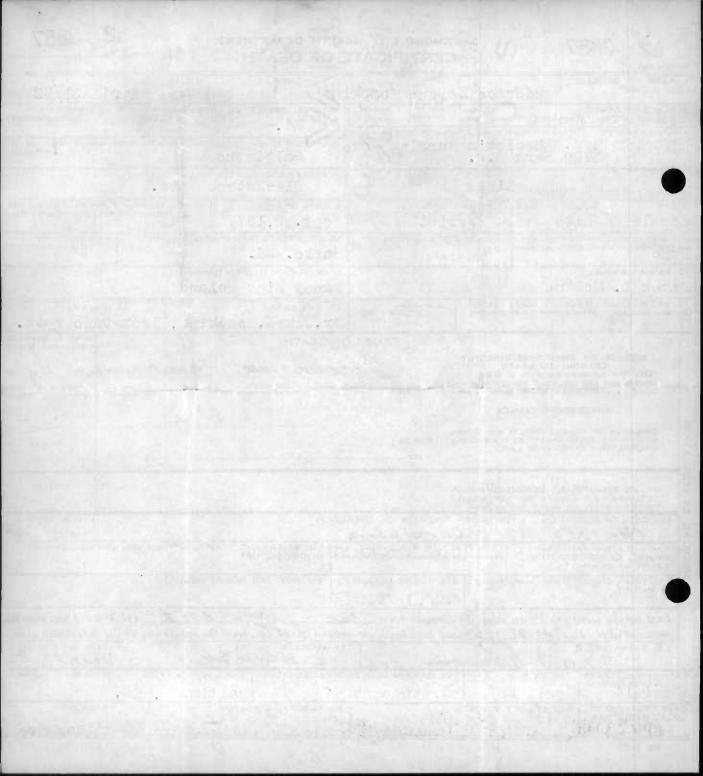
2 /25/4 Sunday

512	3887
BIRTH NO.	
1. NAME OF	

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3887 Registered No.

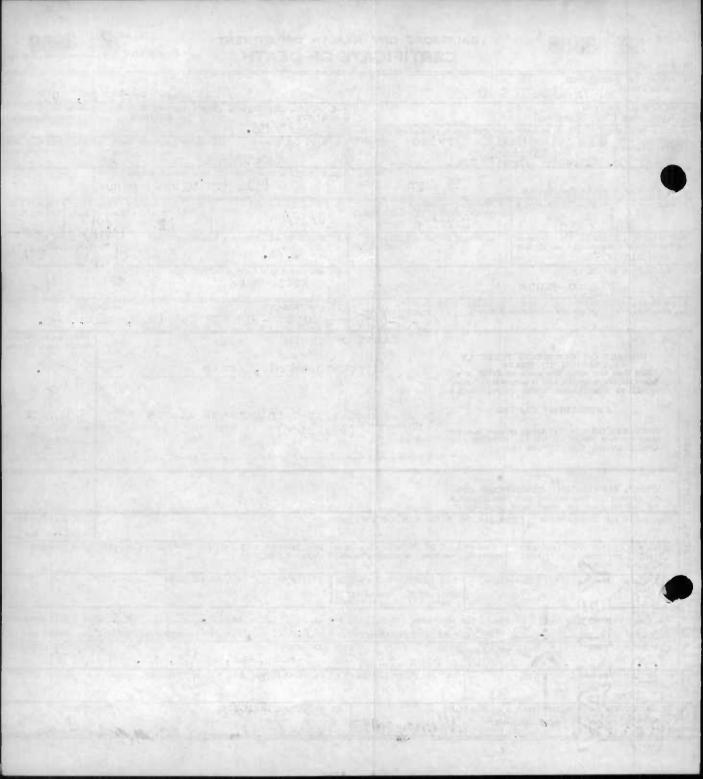
	NAME OF C					2. DATE	
(T	ype or Print)	Freder	rica M	clane Tompk	ins	OF DEATH	April 21/52
Α.		City, Maryland		ΨV	A. STATE	ICE (Where deceased	lived. If institution: residence
	FULL NAME	OF (If not in hospits	al or institut	ion, give street address or	100.	/TC -4.*3	
	STITUTION	Mrs. Wheel 1700 Park	Ave.	Nursing londing	Baltim		rate limits, write RURAL and give
	anoth of s	tay in Baltimore	Life	Yrs. Mos.	D. STREET ADDRES		
5.	SEX	6. COLOR OR RACE	7. SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (in	years If Under   Year      Under 24 Hours
	emale	White	Mar	ried (Specify)	Sept. 2,18		day) Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	Balto. Md.	ate or foreign country	) 12. CITIZEN OF WHAT COUNTRY?
	. FATHER'S	Α.			14. MOTHER'S MAIL	DEN NAME	
_		McLane			Fanny King	McLane	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.			17. INFORMANT		ADDRESS		
					Dr.JohnA.T	ompkins, Bl	ackstone Apts.
FICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEAT s not mean the mode o ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	FH dying, e. g ns the diseas aused death EES FANY, GIVIN STATING TH	(A)	OF DEATH   CONOMIC	Breast	INTERVAL BETWEEN ONSET AND DEATH
CERTIF	TRIBUTING	II SIGNIFICANT CONDI G TO THE DEATH, BUT SISEASE OR CONDITION	NOT RELATE	.D T			
4	19A. DATE	OF OPERATION 1		FINDINGS OF OPER			20. AUTOPSY?
CA	797	7.1730		ACE OF INJURY (e. g., i		O (If in Dollinson	YES NO
1EDI		R CONTRIBUTING DEATH	about home,	arm, factory, street, office bldg.,	etc.) INJURY OCCUR		e City, give exact location)
Ž	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		NJURY OCCUR?	
	22 I havel	as acompiles that I att		deceased from D	1046	to Apr 2 1	, 1952, that I last saw the
							nd on the date stated above.
	23A. SIGNA			2	3B. ADDRESS		23c. DATE SIGNED Apr. 23, Nr.
24	A. BURIAL	CREMA- 24B. DATE		M. D.		24b. LOCATION (Ci	
TL	N. REMOVAL (S BUTLAT	Specify) Dril 2	23/52	Greenmount		Baltimore.	
D	ATE RECEIVE	D BY   REGISTRAR			25 FUNERAL DIRES		ADDRESS
LC	APR 23	RAR .	ington	Williams Me	Farry 7/1	-\	Edmondson Are
	VS 150	le de les	0		. /	0	



# BALTIMORE CITY HEALTH DEPARTMENT

52	3888
Registered No	

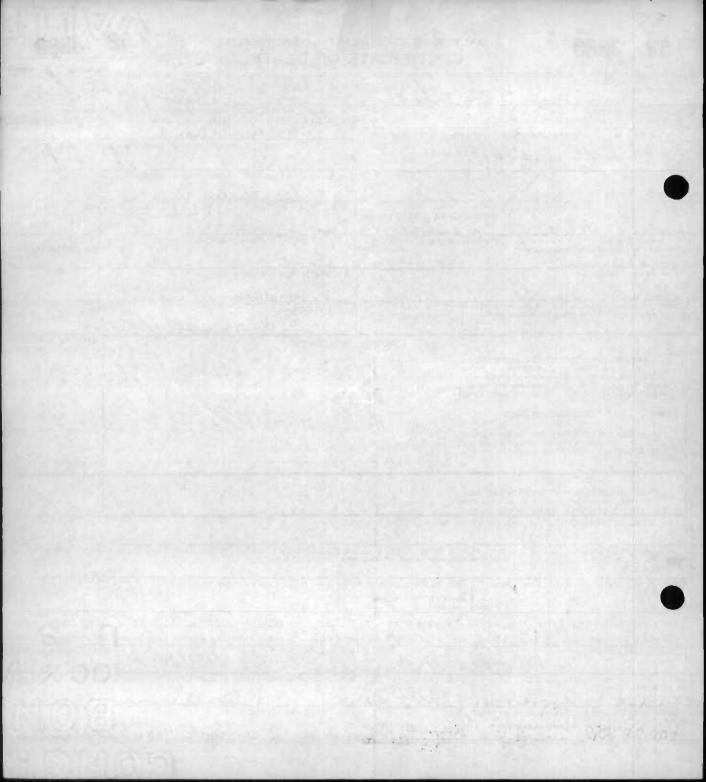
BI	RTH NO.			CERTIFICA	TE OF DEATH	negistered i	
1. (T:	NAME OF Dome or Print)	RUTH BEATRIC	E BOARD			2. DATE OF DEATH ADTI	1 22. 1952
A.		City, Maryland			A. STATE	E (Where deceased lived. If	
HO	FULL NAME SSPITAL OR STITUTION	US Public He	alth se	on, give street address IVICE location		(If outside corporate limit	
,	man Pk	. Drive & 31s	tstree		Beth		
_		stay in Baltimore		5 days Mo	8511	(If rural, give location) Irvington Avenue	
	sex F	6. COLOR OR RACE	widow Ma	. MARRIED. ED, DIVORCED (Spec Tried	8. DATE OF BIRTH 8/28/09	9. AGE (In years last birthday) Mo	f Under 1 Year H Under 24 Hours onths Days Hours Min.
10 work	done during most HOUSE	CCUPATION (Give kind of of working life, even if retired) Wif e	10B. KIND	OF BUSINESS OR INDUST	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME rlando Fouse			14. MOTHER'S MAIDE Attie Reed		
15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO 366-30-042	17. INFORMANT Reords - US	PHS Hospital,	DDRESS Balto, Md.
	(This does heart failt	SE OR CONDITION LEADING TO DEAT In not mean the mode of tre, asthenia, etc. It mea complication which c	FH f dying, e.g. ns the disease	(A) Bro	of DEATH		Approx.  3 days
FICATION	DISEASE RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA	ES F ANY, GIVING STATING TH	Met	astatic carcinom (resected)	a of uterus	Unknown
CERTIF	TRIBUTING	II  SIGNIFICANT CONDI  S TO THE OBATH, BUT  SISEASE OR CONDITION	NOT RELATE	D			
CAL	19A. DATE (	OF OPERATION 1	98. MAJOR	FINDINGS OF OF	ERATION		20. AUTOPSY?
1EDIC	LYING O		about home, fe	CE OF INJURY (e. arm, factory, street, office bloom	g, in or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
	10. TIME	(Month) (Day) (Year)	(Hour) 2	HILE AT NOT WH	LETT	JURY OCCUR?	
		The state of the s	19052	deceased from and that death oc			
TIC	A. BURIAL	CREMA- 24B. DATE			TERY OR CREMATORY 24		or county) (State)
	TE RECEIVE CAL REGIST APR 2	31952 Huntu	s signaturation !	RE. Villiams Mi	25. BUNERAL DIRECT	OR Tumphrey	Betherolo M
	VS 150		1			1 150	



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3889

BIRTH NO.				The second second second
1. NAME OF DECEASED (Type or Print)	nith		2. DATE OF DEATH Gyp.	sil 22, 1952
3. PLACE OF DEATH:  a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution)  HOSPITAL OR INSTITUTION Little Listers of	tion, give street address or	a. STATE  C. CITY OR TOWN  Ball	(Where deceased lived, 18, COUNTY B, COUNTY County County Countside corporate lim	before admission)
c. Ogth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (		
5. SEX 6. COLOR OR RACE 7. SINGLE WIDON	E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH  May 28, 1870	AGE (In years last birthday)	Months Days Hours Min.
	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	name n Read	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (Af yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Sistererfick	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e, heart failure, asthenia, etc. It means the disea injury or complication which caused deat  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	g., (A) Se, se, se, h.) DUE TO (B) SHE DUE TO (C) SED IT.	rebral He Terio Poli	morshag Prosis-	onset and death I week
N O	R FINDINGS OF OPER		(16 in Table of Cian	YES NO
	and that death occur	ED 21F. HOW DID INJU	ap-22-, 195	2. that I last saw the the date stated above.
24A. BURIAL, CREMA- TION, REMOVAL (Specify)  Revue 24/51	24c. NAME OF CEMETE	is a	Saelmon (City, tow	
DATE RECEIVED BY REGISTRAR'S BIGNAT LOCAL REGISTRAB APR 23 1952	Villiams My?	Rula Wie	ugeld 9006	Billes
VC 1EO				

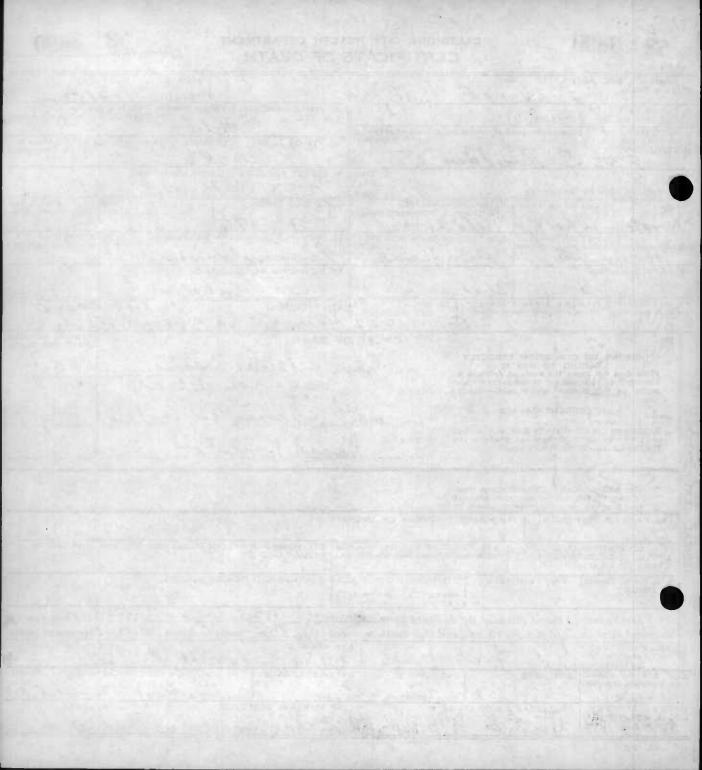


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52	3890

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### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEA	ATH Registered No.
BIRTH NO.	3111
1. NAME OF DECEASED (Type or Print) Frances & Botzlan	2. DATE OF 4/22/5-2
3. PLACE OF DEATH:  a. Baltimore City, Maryland  4. USUAL RES	SIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	md.
INSTITUTION 233 S. Bouldin J.	OWN (If outside corporate limits, write RUKAL and give township)
Yrs. D. STREET AD	DDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days 233	3. Bouldin s.
Female White Widowed 9. B. DATE OF BI	1874 9. AGE (In years It Under I Yeer last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of POR HIND OF BUSINESS OR INDUSTRY INDUSTRY	CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife own home Venn	sylvania
13. FATHER'S NAME 14. MOTHER'S	
Unknown	Unknows
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	0 + 1 2
	1013 TEA RIVERSIAS - CHENTA GER
18. 422,1 CAUSE OF DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	role Cardio 2041.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ulan disease
ANTECEDENT CAUSES	
LIDITA CIA	one consestivo 2 4
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (6)	8 0 0
UNDERLYING CONDITION LAST.	failure 1
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY Of	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUSE OF DEATH	CCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW	DID INJURY OCCUR?
m.   WHILE AT   NOT WHILE   AT WORK	
	951, to Jul, 1952, that I last saw th
deccased alive on april 19 195 and that death occurred at 06 43	An., from the causes and on the date stated above
23a SIGNATURE 1. Jock MD 23B. ADDRESS 2936	E Britis St 23c, DATE SIGNED
24A BURIAL GREMA 24B DATE 24C NAME OF CEMETERY OR CREMATO	DEY 240. LOCATION (City, town, or county) (State)
4/25/-	16 7 11 6 4 1 12
Burial 123/52 Vak Lawn	Egglenn Lin xtended, Mo



BALTIMORE CITY HEALTH DEPARTMENT 3891 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE April 22, 1952 Andrew E. Klemm DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUBAL and give INSTITUTION University Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 110 N. Greene Street ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 9. AGE (In years If Under 1 Year last birthday) Months; Days Hours Min. 8. DATE OF BIRTH August 11. 1891 white male 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Baltimore, Maryland WHAT COUNTRY? Self Real Estate Business 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaretha Vaupel Christian Klemm 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Mrs. Occo Klemm, 110 N. Greene Street INTERVAL BETWEEN 18. 42010 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Certisiocelison Hears dis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

about bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED NOT WHILE

WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from\_

Jew. 5 deceased alive on Jane 14 1952, and that death occurred at

> 23B. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY

1949 to apriv, 190, that I last saw the m., from the causes and on the date stated above.

23c. DATE SIGNED 24D/LOCATION (City, town, or county)

	1	nou	n	Jac	M	į
24A.	BURIAL,	CREMA-	248. DAT	ΓE	1 2	
TION.	REMOVAL	CREMA- (Specify)	4/24	/52		

23A. SIGNATURE

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Oak Lawn Cemetery

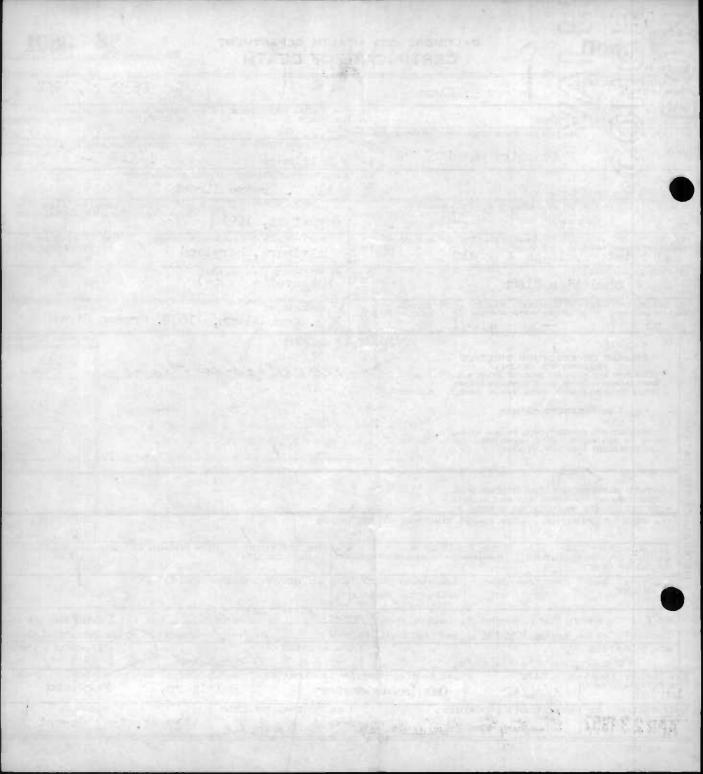
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25. FUNERAL DIRECTOR

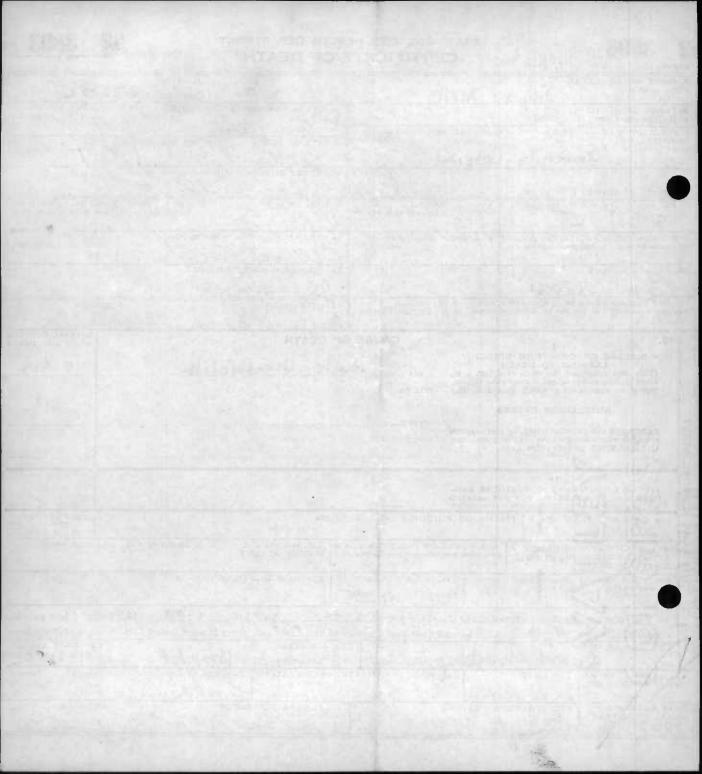
Maryland Baltimore.

ADDRESS 1217 St. Paul Street

VS 150

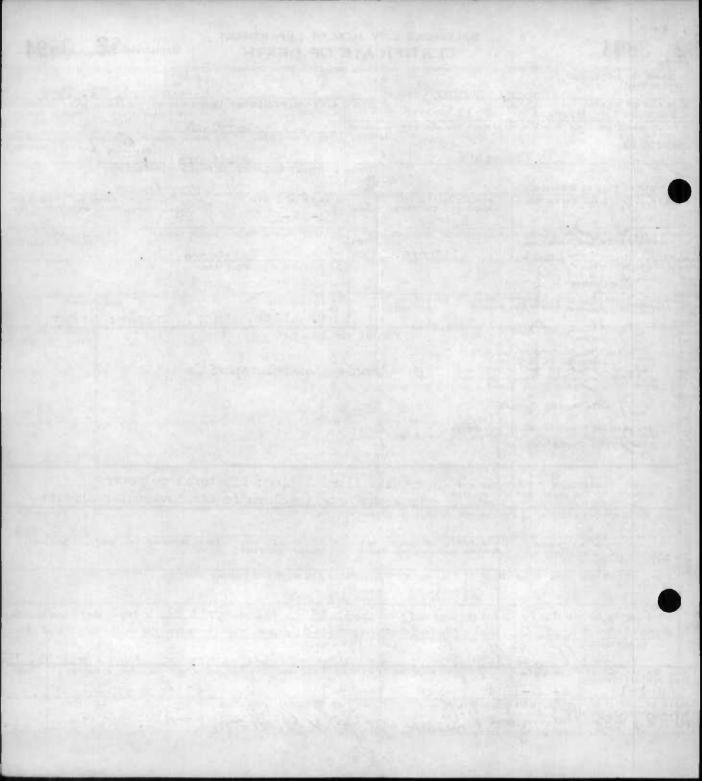


1	20							
2	044.4	EALTH DEPARTMENT SECURITION Registered No.	3893					
ВІ	RTH NO. 50-25693 CERTIFICAT	E OF DEATH						
	NAME OF DECEASED Toy Ce Davis	DEATH	-52					
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution: residence before admission)					
В.	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)		proite WIPAT, and give					
	Chiversity bospital	Baltimore 11-0	township)					
	ength of stay in Baltimore	D. STREET ADDRESS (If rural, give location)						
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		nder 1 Year   If Under 24 Hours ths Days   Hours Min.					
	F	NOV. 11, 1950						
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  INDUSTRY		2. CITIZEN OF WHAT COUNTRY?					
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
18	MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Taky Hebron						
(Yes	no or unknown) (If yee, give war or dates of service) SECURITY NO.	Mr. Jems Davis 1229 mc	Cully St.					
	18. 49/X 1 CAUSE	OF DEATH	ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	oute Branchialibe	15 Gr.					
	(This does not mean the mode of dying, e.g., (A)							
	ANTECEDENT CAUSES							
Z	DISEASES OR CONDITIONS, IF ANY, GIVING							
ERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
IC.	(C)							
TIF	OTHER SIGNIFICANT CONDITIONS CON-							
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?					
EDICAL	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g.,		YES NO Ve exact location)					
	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?						
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	RED 21F. HOW DID INJURY OCCUR?						
	m. WHILE AT NOT WHILE AT WORK							
	22. I hereby tertify that I detended the deceased from		that I last saw the					
	dcccased alive on 4-20, 19 52, and that death occu	arred at 5.01.m., from the causes and on the	23c. DATE SIGNED					
	Lobert W. tracy n. M.D.	University Gospital	4-20-52					
2. TI	AA. BURIAL, CREMA 248. DATE 24. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, o	r county) (State)					
D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	1/25. FUNERAL DIRECTOR	ADDRESS					
	APR 23 1952 Huntington Williams people L. Kurd 1200 mc Cullen St. Betta, Int.							
	Vs 150							



## BALTIMORE CITY HEALTH DEPARTMENT

BI	389 RTH NO.	4		CERTIFICATI	E OF DEATH	- Registered	nc 3894
1.	NAME OF D		Chan	Jan Casman		2. DATE OF	1 01 1000
	PLACE OF D	EATH: City, Maryland		les Seaman	4. USUAL RESIDE	DEATH Apri NCE (Where deceased lived, I B. COUNTY	
в. Н(	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institut	tion, give street address or location)	c. CITY OR TOWN	Maryland (If outside corporate lim	it, True RURAL and give township)
4	44	St. Je	seph's	V		Baltimore	
		4 1 D.141		life Mos.		SS (If rural, give location)	
	ength of s	tay in Baltimore	7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH	607 Parkwyrth Av	
	M.	W.	Ma	VED, DIVORCED (Specify)	12-22-189	last hirthday) [N	Months Days Hours Min.
10 orl	A. USUAL OC	CUPATION (Give kind of of working life, aven if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
17	erk. Sun	erior Court	Ba	ltimore, City	B	altimore Md.	WHAT COOKING
13	FATRER'S				14. MOTHER'S MAI		
		aman Hoope			Mary M	urphy	
Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 607
					Mrs. Elizal	beth V. Hooper	:;Parkwyrth A
FICALION	heart failu injury or DISEASES RISE TO T	LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication of th	f dying, e. p ns the diseas aused death SES F ANY, GIVIN STATING TI	(B)	e glomerulon		
C F R	TRIBUTING TO THE D	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATI	T emphysema: A	rteriosclero	Bilateral pulmon tic cardiovascul	ar disease
AL	19A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
בחום		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			give exact location)
2	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
	22. I hereb	y certify that I att	ended the	deceased from Apr	11 15 , 152	, to April 21 , 195	2, that I last saw the
		live on April 21	_, 1952		red at 6: LOpm.,	from the causes and on	
		le. 11. 1/9	Hous	4	ULOO N Carol		April 21, 15
24	AA. BURIAL.	REMA- 24B. DATE	011	24C. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (City, tow	
	Burial	4-25-1	952 1	New Cathed		Paltimore	Md.
A	PR 23 18	BAR Hurling	- 1/1	liarus Maz	ohu G.M		ADDRESS Baltimore St.
	VS 150	g		398	93		



to med Grane Care R	eleosed	
52 3895 B	ALTIMORE CITY HEALTH DEPARTMENT	Registered No.
BIRTH NO.	CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print)	Ball Thomas	OF Opril 19,1952
A. Baltimore City, Maryland	A. STATE	Where deceased lived. If institution residence B. COUNTY before admission)
HOSPITAL OR	tution, give street address or location)  C. CITY OR TOWN (1)	If outside corporate limits, write RURAL and give
INSTITUTION HOPKINS		township)
ength of stay in Baltimore 40		frural, give location)
5. SEX 6. COLOR OR RACE 7. SING	DE, MARRIED, OVE , DIVORCED (Specify)	9. AGE (In years last birthday) Months Days Hours Min.
work done during mo tof forking life, even if retired)	ND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	NAME
Muknoum	Lenkmin	re
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	ADDRESS INS HOSPITAL
18. 002×	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	MILL AND COLL III	berudosis luz
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis		WELCONDAS IVE
injury or complication which caused de		
injury or complication which caused de		O
ANTECEDENT CAUSES	(B)	O
ANTECEDENT CAUSES	ving (B)	
ANTECEDENT CAUSES	ath.) DUE TO )	
ANTECEDENT CAUSES	ving (B)  VING (C)  CON-	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT REL. TO THE DISEASE OR CONDITION CAUSING	CON-ATED	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT REL. TO THE DISEASE OR CONDITION CAUSING	CON- ATED G IT.  OR FINDINGS OF OPERATION	20. AUTOPSY?
ANTECEDENT CAUSES  ZO DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT REL. TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	CON- ATED G IT.  OR FINDINGS OF OPERATION	20. AUTOPSY?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT WAS UNDER. 21B. F about hor	(B)  VING THE DUE TO  (C)  CON- ATED G IT.  OR FINDINGS OF OPERATION  PLACE OF INJURY (e. g., in or ne, farm, factory, street, office bldg., etc.)  21c. WHERE DID INJURY OCCUR?	20. AUTOPSY? YES NO (If in Baltimore City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOURY  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About hor CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	(B)  VING  (B)  VING  (CO)  CON- ATED  G IT.  OR FINDINGS OF OPERATION  PLACE OF INJURY (e. g., in or me, farm, factory, street, office bldg., etc.)  21c. WHERE DID INJURY OCCUR?  21e. INJURY OCCURRED  WHILE AT NOT WHILE AT WORK	20. AUTOPSY? YES NO (If in Baltimore City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOURY  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout how CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  m. 22. I hereby certify that I attended to	(B)  VING (B)  VING (CO)  CON- ATED G IT.  OR FINDINGS OF OPERATION  PLACE OF INJURY (e. g., in or me, farm, factory, street, office bldg., etc.)  21c. WHERE DID INJURY OCCUR?  21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  he deceased from 1995 to	20. AUTOPSY? YES NO (If in Baltimore City, give exact location) RY OCCUR?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOURY  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About hor CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	(B)  VING (B)  VING (CON- ATED G IT.  OR FINDINGS OF OPERATION  PLACE OF INJURY (e. g., in or me, farm, factory, street, office bldg., etc.)  21c. WHERE DID INJURY OCCUR?  21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  he deceased from 1993 to	20. AUTOPSY? YES NO (If in Baltimore City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELETED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOUT CAUSE OF DEATH  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About how CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  m. 22. I hereby certify that I attended to deceased alive on 19 23. SIGNATURE	(B)  VING (CON- ATED G IT.  OR FINDINGS OF OPERATION  PLACE OF INJURY (e.g., in or me, farm, factory, street, office bldg., etc.)  21c. INJURY OCCUR?  21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  he deceased from 1950, to me, and that death occurred at 1.15 m., from 23b. ADDRESS	20. AUTOPSY? YES NO (If in Baltimore City, give exact location)  RY OCCUR?  1953 that I last saw the the causes and on the date stated above.  23c. DATE SIGNED  127. DATE SIGNED
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOUT CAUSE OF DEATH  21A. ACCIDENT WAS UNDER. 21B. F. about hor CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  m. 22. I hereby certify that I attended to deceased alive on 19	(B)  VING (CON- ATED G IT.  OR FINDINGS OF OPERATION  PLACE OF INJURY (e.g., in or me, farm, factory, street, office bldg., etc.)  21c. INJURY OCCUR?  21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  he deceased from 1950, to me, and that death occurred at 1.15 m., from 23b. ADDRESS	20. AUTOPSY? YES NO (If in Baltimore City, give exact location)  RY OCCUR?  1954 that I last saw the the causes and on the date stated above.  23c. PATE SIGNED
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELETED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOUT CAUSE OF DEATH  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About how CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  m. 22. I hereby certify that I attended to deceased alive on 19 23. SIGNATURE	(B)  VING THE DUE TO  (C)  CON. ATED S IT.  OR FINDINGS OF OPERATION  PLACE OF INJURY (e. g., in or me, farm, factory, street, office bldg., etc.)  21c. WHERE DID INJURY OCCUR?  21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK AT WORK  ADDRESS  ADDRES	20. AUTOPSY? YES NO (If in Baltimore City, give exact location)  RY OCCUR?  1953 that I last saw the the causes and on the date stated above.  23c. DATE SIGNED  127. DATE SIGNED
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOUT CAUSE OF DEATH  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About how CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  m  22. I hereby certify that I attended to deceased alive on 19 23. SIGNATURE  24A. BURIAN CREMATION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE	(B)  VING THE DUE TO  (C)  CON. ATED OR FINDINGS OF OPERATION  PLACE OF INJURY (e. g., in or me, farm, factory, street, office bldg., etc.)  21c. WHERE DID INJURY OCCUR?  21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK AT WORK  AT W	20. AUTOPSY? YES NO (If in Baltimore City, give exact location)  RY OCCUR?  14 - 9 , 1953 that I last saw the the causes and on the date stated above.  23c. PATE SIGNED  HOSPITAT  LOCATION (City, town, or county) (State)



3896					OF DEATH		Register	ed Na	3896	
BIRTH NO.			CERTIFI	CATE	OF DEATH	1	register	cu 110		
1. NAME OF DI (Type or Print)		cis Wil	liam Ande	erson			OF A	pril 2	2, 1952	
3. PLACE OF DI A. Baltimore C	City, Maryland				4. USUAL RESIDER	NCE (Where		d. If institu		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION					c. CITY OR TOWN		de corporate	imil, writ	te AUIL and	and give
12-0	3514 Pool	e Stree	t			imore	1	7	O O TO THE	121417
ength of st	tay in Baltimore	Life		Yrs. Mos. Days	b. STREET ADDRES	Poole S		n)		
Male	6. COLOR OR RACE		MARRIED. PED, DIVORCED <b>1ed</b>	(Specify)	Feb. 10, 18	1	ast birthday	ms H Under 1 ) Months	Year If Under 24 Days Hours A	Hours Vin.
10A. USUAL OCTOR done during most of Plastere	CUPATION (Give kind of of working life, even if retired)		of Busines	S OR DUSTRY	II. BIRTHPLACE (St. Maryland		country)		US A	RY
13. FATHER'S N	NAME			NJT.	14. MOTHER'S MAI	DEN NAME				
	. Anderson				Rosella Mc	Cleary				
(Yes, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL 212-03-5	741	Mrs. Lula L	. Anders	son 35	ADDRE 14 Peo		t
(This does heart failure in jury or Diseases Rise To Ti UNDERLY UNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of the complication which complication which complication complication is to the death, but is the complication complication of the complication complica	FH of dying, e. g ns the disease aused death SES FANY, GIVIN STATING THEST.  TIONS CON NOT RELATE	(C)	1	ibial /b	e V K	age		10 day	2
, 19A. DATE O	A 7 15		FINDINGS O	F OPER	ATION				20. AUTOPSY	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) NOT WHILE AT MORK  NOT WHILE										
	y certify that I att live on Y-12	ended the	and that dear	th occur		,		on the da	at I last saw	ove
24A. BUMIAL, C TION, REMOVAL (S Burial DATE RECEIVE LOCAL REGISTO	April 25	. 1952	Moreland		rial Park 25. FUNERAL DIRE		ore Co.	Mary ADD	land	
VS 150	Hwite	gtors	Valianas	24 24	Horace F.	-		Falls	Road	

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ristered 18 3897

CERTIFICATE CERTIFICATE	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) Elsie Bilenki	OF DEATH 4 /23 /52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Mary and B. COUNTY before dimission)
B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE Maryland B. COUNTY before dimission)
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limit, write LURAL and give
Bon Secours Hospital	Baltimore, Maryland by township)
Yrs.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore 37 yrs Mos. Days	1618 Church St.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min.
Female White Married	7/20/14 37
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR Work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Sign Clamp Balton Engine	Baltimore, Maryland U.S. WHAT COUNTRY?
13. FATHER'S NAME SIGN PATTER	14. MOTHER'S MAIDEN NAME
Alex Balonis	Josephine Gracka
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or uokoowo)   (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS
(Yes, no or uokoowo) (If yes, give war or dates of service) SECURITY NO.	Paul Belenki (Husband) Same
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	tatic Pneumonia & Peritonitis
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	Pancreatitis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. Gasti	ric Hesection , peptic ulcer
per	forated into pancreas
W TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	ATION   20. AUTOPSY?
	denal relative yes No ex
21a. ACCIDENT WAS UNDER.  21a. PLACE OF INJURY (e.g., in bowthome, farm, factory, street, office bidg., etc.)	or 21c. WHERE DID (If in Baltimore City, give exact location)
L CAUSE OF DEATH	tc.) INJURY OCCUR?
2 ID. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	2/2//252 11/21/ 252
deceased alive on 4/26, 1952 and that death occur	7 26, 19 3 40 4 7 193 2 that I last saw the red at 5/20 Pm., from the causes and on the date stated above.
	Ted at $2m$ , from the causes and on the date stated above.  3B. ADDRESS 23C. DATE SIGNED
auth Afree by	1150 Spenne 1 Host 4-21-52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION REMOVAE (Specify) April 25-52 Holy Co	MA D. A Com Mal.
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APP 231052 Huntington Williams West	Mars & Fin I KNING 2002 Entre
HELT (3) 1337 I Juningson Mallatus Wash	William Contraction and and Contraction

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Undertaken

420 2,3898

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3838

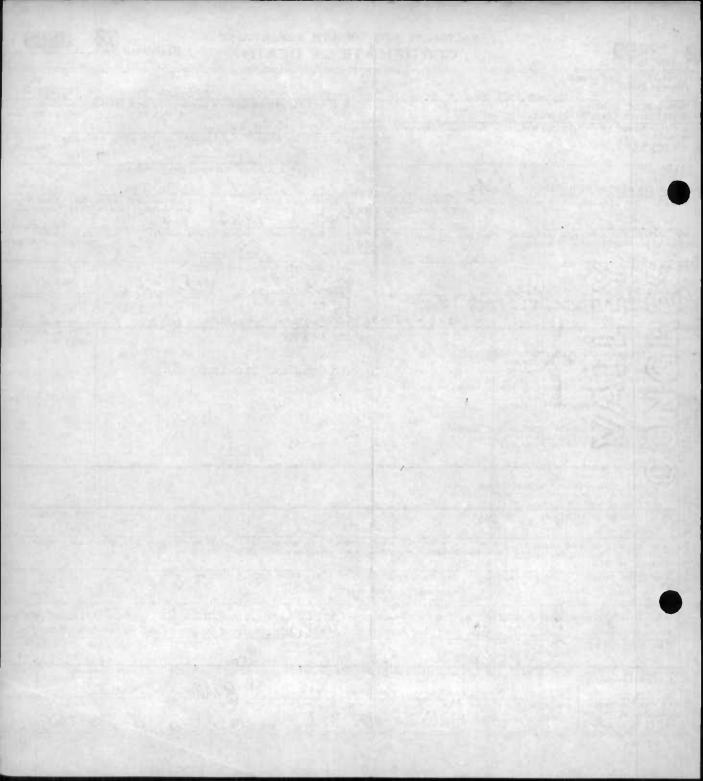
BIRTH NO.	0.000
1. NAME OF DECEASED (Type or Print)  Mary Haluch	2. DATE OF DEATH 4-12-5 2
a. Baltimore City, Maryland Balto . md.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c, CITY OR TOWN (If outside corporate limits, with the Albami give
3609 Leo St	c. CITY OR TOWN (If outside corperate limits, with RVR Dand give township)
500	D. STREET ADDRESS (lf rural, give location)
ngth of stay in Baltimore	3800 Lev et
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 14 Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
ork done during most of working life, even if retired) INDUSTRY	Poland WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
trank Bialolok	Frances
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no or unknown)  (If yes, give war or dates of service)  SECURITY NO.	Was Haluch 3808 for It
18. 422./ CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(Ims does not mean the mode of dying, e.g., (A)	eretw- Vascular acculent
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	-S.C. V-H.D.
DISEASES OR CONDITIONS, IF ANY, GIVING	-3.C. V-A. U.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
ONDERENNO CONDITION EXCIT	
11 (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO X
2 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (c. s., ii	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
	-21 , 1952, to 4-22 , 1952, that I last saw the
	rred at 1025am., from the causes and on the date stated above.
23a. SIGNATURE M.D. 2	4-22-6-2
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION My, town, or county) (State)
Burial april 26-52 Holy	roso A.A. Co. Mc.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 23 1952 Tuntington Wellaces, Mrs.	Vm. S. Fraktousky 2007 Eastern Duy

the spling The second second All told that I will be A WAR IS Charles Marches Property A HAD DOWN 

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# CERTIFICATE OF DEATH

BIRTH NO. CERTIFICATE	OF DEATH Registered No.
1. NAME OF OECEASED	2. DATE
(Type or Print)	OF
Boyer, Florence E.	DEATH April 21, 1952  4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write HORAL and give
INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write HORAE and give township)
St. Jeseph's	Baltimore Ao
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore days	6606 Danville Ave.
SEX 6. COLOR OF RACE   7. SINGLE, MARRIED.	B. DATE OF BIRTH  9. AGE (In years) If Under I Year last birthday) Months: Days Hours Min.
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
vork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Hwfe. Own home	Baltimore
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Paul Wellon	2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	mana juma
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
1213-18-1319	Harven Kasela 6606 Danvelle
18. 204,0 CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION OIRECTLY	. OHSEL AND BEATH
(This does not mean the mode of dying, e.g., (A)Chroni	ic lymphocytic leukemia
heart failure, asthenia, etc. It means the disease,	re-rampinoca-cro-re-crossina
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST.	
<u>(c)</u>	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. OATE OF OPERATION   198. MAJOR FINOINGS OF OPERA	ATION   20. AUTOPSY7
212 PLACE OF INJURY (s. c. le	YES NO W
= 1 21A. ACCIDENT WAS UNDER.   21B. FLACE OF INJURY (6. g., 12	or 21c. WHERE DID (If in Baltimore City, give exact location)
About bome, farm, factory, atreet, office bldg., et	tc.) INJURY OCCUR?
CAUSE OF OEATH    21D, TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURRE	21- HOW OLD IN HIRY OCCUPA
OF INJURY	ED 21F. HOW OIO INJURY OCCUR?
TI. WHILE AT WORK AT WORK	
22 I have be contifue that I attended the descreed from Ann	1 20 , 1952, to April 21 , 19 52 that I last saw the
described alive on a mail 27 1052	at 6.00 m from the angers and on the date stated at any
	red at 6 20p.m., from the causes and on the date stated above.
CP Pola G	
	100 N. Caroline St.   April 21, 15
24A. BURIAL, CREMA 24B. DATE 2AC. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial about 25/52 Hale Robar	y Clin Kallo. County
	25. FUNERAL DIRECTOR ADDRESS
LOGOR 23 1952 Tuntington Williams ME	and a diverse was higher
A	de la



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52		3900

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3900 Registered No.

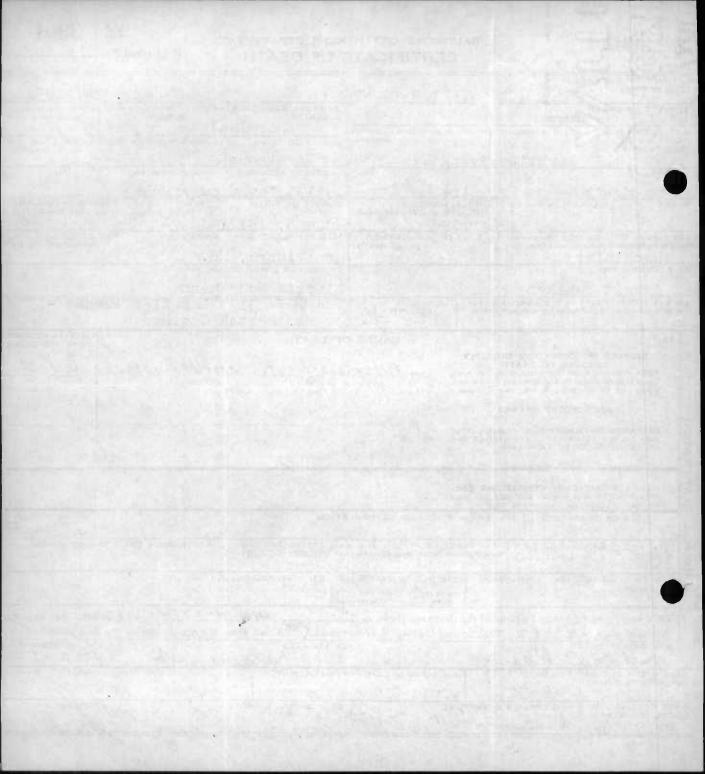
BI	RTH NO.						
	NAME OF D	ECEASED				2. DATE OF	
		Leary	John	T.		DEATH Ap	ril 22, 1952
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived.  B. COUNTY	If institution: residence before admission)
	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)			in the formation of the
	STITUTION					7 7	mits, write RURAL and give township)
- 10	11	St. J	oseph's	Hospital Yrs.	Baltimore p. STREET ADDRESS (If:	6	
				Mos.			
=	ength of s	tay in Baltimore		ife Days	8. DATE OF BIRTH		If Under 1 Year   If Under 24 Hours
3.	SEA	6. COLOR OR RACE	WIDOW	., MARRIED, ED, DIVORCED (Specify)			Months Days Hours Min.
10	Male	White	Widow		April 4, 1872	80	
work	dooe during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	avern o		ret.	20yrs.	Baltimore, Ma	ryland	USA
13	FATHER'S	NAME				AME	
		? Lea			Ellen Donahae		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT 3507	Morrison	SUPRESS N.W.
,	10	(-1,0-1,0-1,0-1		none	Miss Margaret		
	18. 42:	7 /			OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY	0.1002	0. 0		ONSET AND DEATH
		LEADING TO DEAT	TH	A	and anothing condi-	************	
		not mean the mode o		(A)AILEIL	osclerotic cardio		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO disease						
ANTECEDENT CAUSES							
z							
0		S OR CONDITIONS, IN					
AT	UNDERL	YING CONDITION LA	ST.	(C)			
CERTIFICATION				(6)	***************************************	*****	
H		II					VEST BUILDING
2		SIGNIFICANT CONDI					
C		ISEASE DR CONDITION	CAUSING I	r			
_	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
CA			1		Lote Wiles DID (I	6 in Dalain Cia	YES NO A
EDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH	about home, f	CE OF INJURY (e. g., i arm,factory,street,office bldg.,		i in Baltimore City	y, give exact location)
M	21b. TIME	(Month) (Day) (Year)	(Hour)	2 IE. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK	-1 12 10 C2. A-	mi 1 22 10	E2
	22. I hereb	y certify that I att	ended the	deceased from Apr			52, that I last saw the
	23A. SIGNA		-, 19_54.		rred at 1:15pm., from to	ne causes ana on	23c, DATE SIGNED
	23A. SIGNA	-/-//		0		CA A	
-	A BUDIAL	CREMAIL 24B DATE	850	M. D.	1/100 N. Carolin		wn. or county (State)
Ti		CREMA. 24B. DATE	0			//	//
_	burla		12			allimore,	
4	PAR REGIST	RAR REGISTRAR	s SIGNATU	Miaura Mill	ENRY SANDER	SONS, INC	ADDRESS
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3901

Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH Apr. 22, 1952 BREDERICK CUNTHER 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. STATE before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits write RURAL and give C. CITY OR TOWN INSTITUTION 3133 Lawnview Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 3133 Lawnview Avenue Davs 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months! Days Hours Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) June 5, 1877 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doos during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Baltimore, Md. Machinist 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lizetta Hobelmann August Gunther 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or noknowo) | (If yes, give war or dates of service) 17. INFORMANT 3133 Lawnview ADDense -13 16. SOCIAL 5-05-9428 Mrs. Bertha Gunther no INTERVAL BETWEEN 18. 422,1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Arterio-sclerofic cardio-vascular LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, DUE TO discase injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION DICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY 22. I hereby certify that I attended the deceased from 2-9-. 19 46 to 4-22 - , 19 57 that I last saw the deceased alive on 4-22-, 1952 and that death occurred at 122 P.m., from the causes and on the date stated above. 23c. DATE SIGNED @3A. SIGNATURE 23B. ADDRESS 4-22-5 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Baltimore, Md. Druid Ridge Cemetery burial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ENRY SANDER & SONS, INC LOCAL REGISTRAR untinglow VS 150

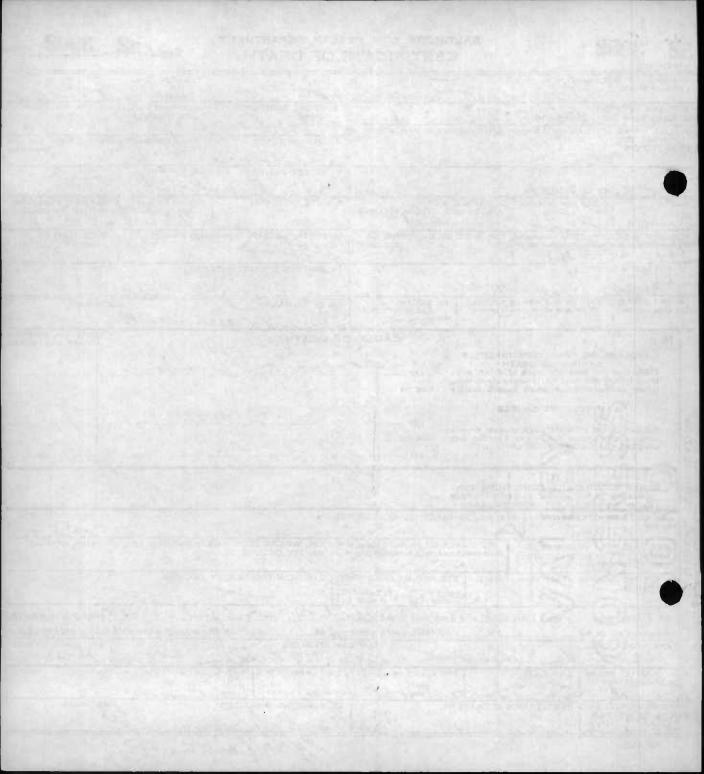


LEWANdowski

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 3902

BIRTH NO.	1 ICATE	OF DEATH			
1. NAME OF DECEASED (Type or Print) Mary anna La	uando	uski	OF DEATH	ril 21	152
3. PLACE OF DEATH: A. Baltimore City, Maryland /832 Bank	57.	4. USUAL RESIDENCE (	Where deceased lived. B. COUNT		residence e admission)
B. FULL NAME OF (If not in hospital or institution, give st HOSPITAL OR INSTITUTION	1	C. CITY OR TOWN (II	outside corporate in	nias write R	AL and give township)
NO.	V	STREET ADDRESS (If			
congth of stay in Baltimore	Yrs. Mos. Days	1822 Das	1 / ./		
G.COLOR OR RACE 7. SINGLE. MARRIE WIDOWED, DIVO	ED. (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days 1	If Under 24 Hours Hours Min.
10A. USUAL OCCUPAT ON (Glyckind of ortions during most of working life, even if retired)	INESS OR INDUSTRY	Poland.	oreign country)	12. CITIZE WHAT	N OF COUNTRY?
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN N	AME		
Jack . Dremski					
	URITY NO.	TINFORMANT J	candonsk	ADDRESS	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE UNDERLYING CONDITION LAST.	)	mary Th	-P ion four		AL BETWEEN
TO THE DISEASE OR CONDITION CAUSING IT.	S OF OPERA	TLON		1 20. A	UTOPSY?
Z C C C C C C C C C C C C C C C C C C C				YES	] NO [
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, CAUSE OF DEATH			If in Baltimore City	y, give exact lo	ocation)
INJURY (Month) (Day) (Year) (Hour) 21E, INJU m. WHILE AT WORK	NOT WHILE	21F. HOW DID INJUR	Y OCCUR?		
22. I hereby certify that I attended the deceased	from Gyr	il 10, 1900; toly	1 ril 21, 19	that I la	st saw the
deceased alive on, 19, and that	death occurre		the causes and on		
23A. SIGNATURE Kungaroke		529 Eule	- en.		E SIGNED
Berry arrivation 3	E OF CEMETERY	say De	OCATION (City, to		(State)
APR 23 1952 Tuntinton William	MI 3	FUNERAL DIRECTOR	rasewsk	ADDRESS	
VS 150		10508/1	1		



-	12							
	2002				E OF DEATH	_	egistered No.	2 3903
BI	RTH NO.		CE	ATTICAT	E OF DEATH	1		
	NAME OF DECEAS	acol	b	tosep	heon	2. DAT	= 1 1 m 2	3,1952
	PLACE OF DEATH: Baltimore City, I		(/	/ /	4. USUAL RESIDE		easod lived. If ins	titution: residence before admission)
H	SPITAL OR	(If not in hospital or in	nstitutibn, gi	ve street address o location		(If outside c	orporat linits, v	rite RURAL and give
IN	STITUTION	NS HOPKINS H	OSPITAL'	<b>*</b> / 1, 4	Dacti	more	10	township)
7				Yrs. Mos.	D. STREET ADDRE	SS (If rural, giv	e location)	· (Inc
5	ength of stay in		INGLE, MA	Days	1 8. DATE OF BIRTH	19 AGE	(In years) If Und	ler 1 Year   II Under 24 Hours
2	nale m	hete 3		VORCED (Specify	6-14-9	3- last	birthday) Month	ns Days Hours Min.
10 work	A. USUAL OCCUPAT	FION (Give kind of 10B. glife, even if retired)	KIND OF	BUSINESS OR INDUSTR	11. BURTHPLACE (S	tate or foreign cou	intry) 12	CITIZEN OF WHAT COUNTRY?
13	FAITHER'S NAME	an	-/		14. MOTHER'S MA	DEN NAME		
	tosent	) Amo	nla		Haulin	e W	a la	
15 (Ya)	WAS DECEASED EVER	R IN U. S. ARMED FOR	(ES7   16.	SOCIAL SECURITY NO.	17. INFORMANT	/ / 4	ADD	RESS
,-(			,,	SECORITI NO.	HOL	S HOPKINS	HOSPITAL	
	(This does not m heart failure, asth	CONDITION DIRECTION TO DEATH the mode of dyinenia, ctc. It means the ication which caused	ng, e.g., discase,		inoma of	Esoph	agus	INTERVAL BETWEEN ONSET AND DEATH
	ANTE	CEDENT CAUSES		7.4	1 Esopha	,		50075
NO		CONDITIONS, IF ANY			u izsopna	gector	ny	75
CATION		OVE CAUSE (A) STAT CONDITION LAST.	ING THE	(C)				
ERTIF		II ICANT CONDITION						
CE		OR CONDITION CAUS		***************************************				
Ļ	19A. DATE OF OPE	RATION   198. M	AJOR FIN	DINGS OF OPE	RATION			20. AUTOPSY?
EDICAL	21A. ACCIDENT V	VAS UNDER.   21	B. PLACE C	OF INJURY (e. g.,	in or 21c. WHERE D		timore City, giv	e exact location)
	LYING OR CON	TRIBUTING   abou	t home, farm, fa	ctory,street,office bldg	,etc.) INJURY OCCUI	₹7		
Σ	21D. TIME (Month	) (Day) (Year) (Hou	r)   21E.	NJURY OCCUR	RED 21F. HOW DID	INJURY OCCU	R?	
			m. WHILE					
		ify that I attende						that I last saw the
	deceased alive or	$\frac{14/7.5}{19}$	and	that death occi	errkd at 9 m.,	from the caus		date stated above.
	En	uil 13	lan	м. р.		KINS HOSPI		4/23/02
2. Ti	AA. BURIAV. CREMA	24B. DATE	24c. l	NAME OF CEMET	ERY COLLEGE	PARTIE	City, town, or	county) (State)
	Removal	14/23/52	- m	7. Leban	on	- Merry	15, 16	wersey
D	APR 23 1952	REGISTRAR'S SIC	NATURE WILL	liaus No	Wm. Book	le Inc.	2> 26	Paul lo
	VS 150	8		4909	9			

CHANGE SOMEONE SERVICE CA STANDARD TOMAN CONTRACT and agreement, the second of the second seco

3. PLACE OF DEATH:

# L CURRECTED 4-28-52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Regis	tered No	

WHAT COUNTRY?

BI	R	н	N	Ο.	
_	_	_	_		_

INSTITUTION

1. NAME	OF	DECEASED	1
(Type or	Print)		('pa

arold

OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY

A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)

before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township

2. DATE

Yrs.

7. SINGLE, MARRIED

Married

Irm+Res War D. STREET ADDRESS (If rural give location)

igth of stay in Baltimore 6. COLOR OR RACE Mos. Days

9. AGE (In years) If Under 1 Year

10A. USUAL OCCUPATION (Givekind of

WIDOWED, DIVORCED (Specify)

If Under 24 Hours last birthday) Months: Days Hours: Min. 7-28-1910 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

work done during most of working life, even if retired) echanic

108, KIND OF BUSINESS OR INDUSTRY

Fairview, W. Va. 14. MOTHER'S MAIDEN NAME

13. FATHER'S NAME

Talkington

17. INFORMANT

Clyde E. Crandall 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service)

(Yes, no or unknown)

16. SOCIAL SECURITY NO.

Mrs. Nellie Crandall (Wife) War, W. Va.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. lnjury or complication which eaused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

#### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

DUE TO (C) .... Erebre hemorrhage Expertention 200/30.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B, PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.)

INJURY OCCUR?

21c. WHERE DID

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

F INJURY

CERTIFICATION

EDICAL

WHILE AT NOT WHILE

19 12 to

22. I hereby certify that I attended the deceased from\_

deceased alive on\_\_

WORK

m. I from the causes and on the date stated above. ,482 Land that death occurred at 750

BURIAL, CREMA-

24B

4.22

24C. NAME OF CEMETERY OF CREMATORY

24D. LOCATION (City, town, or county)

TION, REMOVAL (Specify)

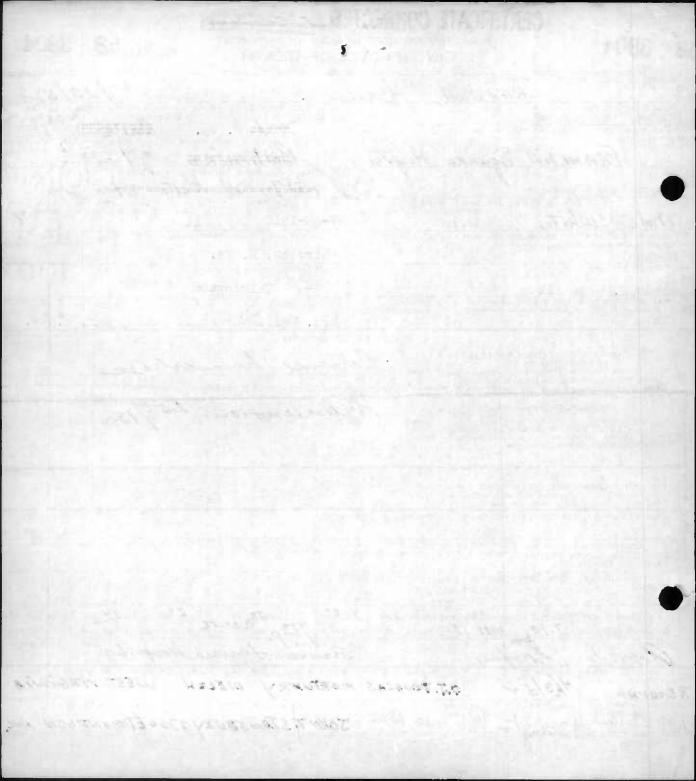
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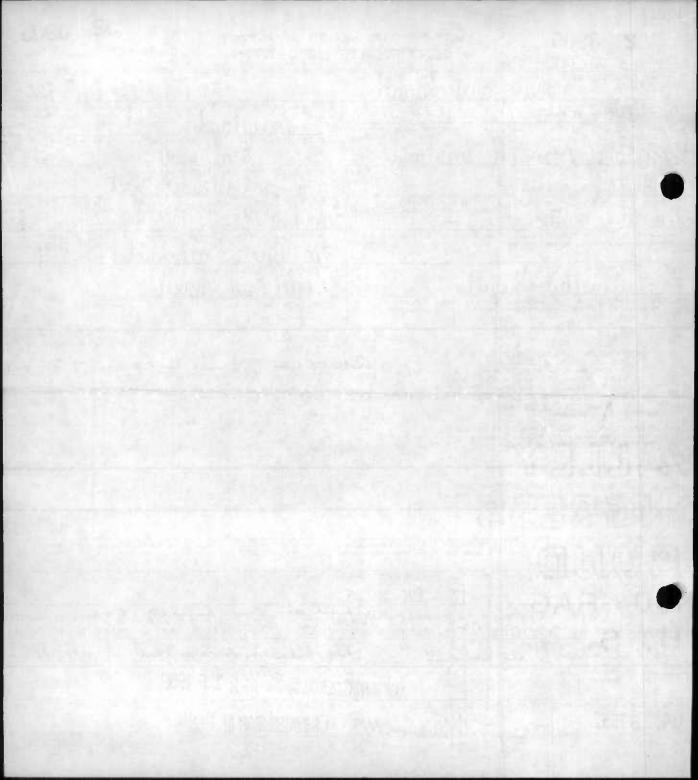
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25. FUNERAL DIRECTOR JOHN T. STANSBURY

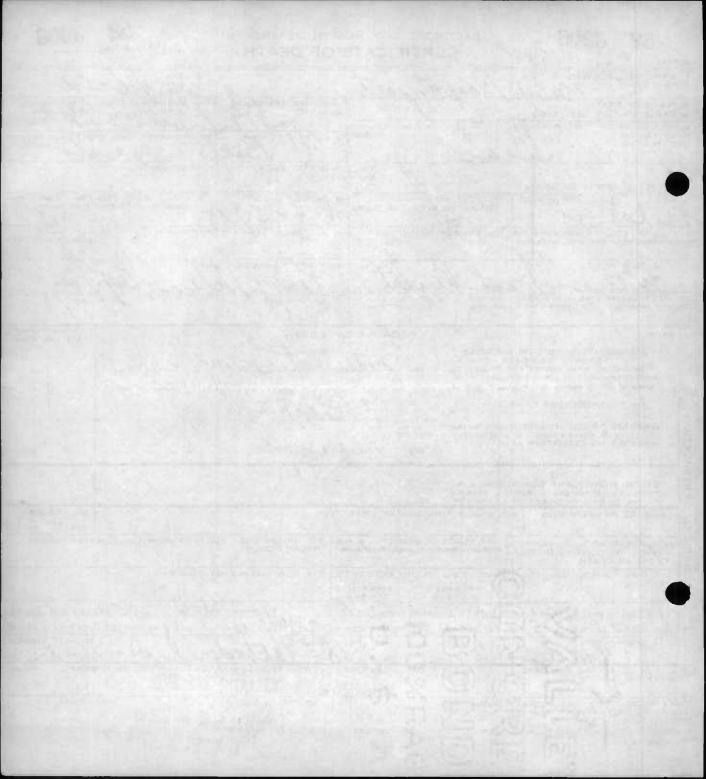
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ВП	RTH NO. 5		0824	6	CERTIFI	CATE	OF DEATH	Registered	No	
	NAME OF pe or Print)		Fal Pal	i Sirl	Spriil	Q,		2. DATE OF DEATH	i.l. 11	1"1952
	PLACE OF Baltimore		Maryland /	1			4. USUAL RESIDENCE (VA. STATE			ion : residence before admission)
Ho	SPITAL OR	OF	(If not in hospita	al or institut	tion, give street ac	onntion) -	c. CITY OR TOWN 1 (If	putside corporate limi	h	DITDAY J -:
K	MANA	difor	homew	of mo	uyland		Tal	timore-11	S =	township)
3	ngth of		Baltimore	/		Yrs. Mos. Days	D. STREET ADDRESS (IF	rural, give location)	1	
V	emale	1 4	OR DR RACE		E. MARRIED, VED, DIVORCED	(Specify)	DATE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Ye onths Da	
10/ rork	done during mos	CCUPAT tof working	ION (Give kind of glife, eveo if retired)	108. KINI	OF BUSINESS	OR	11. BIRTHPLACE (State or f	oreign country)		TIZEN OF
137	FATHER'S	NAME	Daily Sh	100			MOTHER'S MAIDEN N	AME T	1 00	· W. W.
15. (Yes,	WAS DECEAS	SED EVER	R IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY	Y NO.	17. INFORMANT	/ vulqee	DDRES	S
_	18. 7/ •	2 0	`		CA	UCE O			LINT	ERVAL BETWEEN
	100		CONDITION		CA	USE O	F DEATH			SET AND DEATH
	(This doe	es not m	ING TO DEAT ean the mode of enia, etc. It mean	f dying, e. 1	g., (A)	an	vera , con	ue wohon	n	+2 munity
	injury of	compli	cation which ca	aused death	.) DUE TO					
-		ANTEC	EDENT CAUS	ES	(B)					
2	RISE TO	THE ABO	ONDITIONS, IF	STATING TH	NG	*****************		***************************************		***************************************
RTIFICATION	UNDERL	YING C	ONDITION LA	sτ.	(C)	***************************************		***************************************		***********************
Ē.			11				ME SERVICE			
ш	TRIBUTIN	G TO TH	CANT CONDITE DEATH, BUT	NOT RELATE	ED					
0	19A. DATE		RATION 1		FINDINGS OF	OPERA	TION	.4.	2	O. AUTOPSY?
DICAL			V						,	ES ND
MEDIC	LYING CAUSE OF	R CON	AS UNDER-		ACE OF INJURY farm, factory, street, of		21c. WHERE DID () INJURY OCCUR?	If in Baltimore City,	give exa	ct location)
	21b. TIME		(Day) (Year)			T WHILE	21F. HOW DID INJURY	Y OCCUR?		
	22. I here	bu certi	ifu that Latte	m.		n af	10, 195 x to	april 10 195	> that	I last saw the
	deceased o	live on	aprilic	19 5	and that death	h occurre	ed at 4 Pm., from t	he causes and on t	he date	stated above.
	23 A. SIGNA	TURE	in Mu	9 Cel		. D. 14	estal for Wo	ven Jul.	23c.	DATE SIGNED
24. TIO	A. BURIAL, N. REMOVAL (	CREMA- Specify)	24B. DATE		24C. NAME OF C	HOPKINS	VEDICAL SCHOOL APR 1	5 1952 City, town	, or coun	(State)
DA	TE RECEIVI		REGISTRAR'S	SIGNATU			5. FUNERAL DIRECTOR	π	ADDR	ESS
A	PR 231	952	##	ton	VIlliams.	ME	Commissioner of	Healid		
	VS 150		1 Janesen	y		C .	+ TeleTimo	*		



11	03								
	52	39	06	BA	LTIMORE C	ITY HE	ALTH DEPARTMEN	r û	3906
BII	RTH NO. 5	2 -	07988		CERTIF	ICATE	OF DEATH	Registered	No.
1.	NAME OF Dope or Print)			130	y Ku si	ent		2. DATE OF DEATH	6-52
Α.	PLACE OF D Baltimore (	City, M		1	1		4. USUAL RESIDENCE		If institution residence (before admission)
HC	SPITAL OR	OF (	(If not to hospita	al or institu	tion, give street s	location)	C. CITY OF TOWN	(If outside corporate lin	mits, write RURAL and give
IN:	STITUTION		Sur	war			( 13al	20. 4	township)
	ngth of s	tay in	Baltimore		1	Yrs. Mos. Days	D. STRET ADDRESS	(If rural, give location)	5300
5.	SEX		OR OR RACE		E. MAIRIED,		8. PATE OF BIRTH	9. AGE (In years	H Under I Year H Under 24 Hours Months: Days Hours: Min.
1	lile	7	r				4-5-50		17
work	A. USUAL OC doneduring most (	CUPAT of working	ION (Give kind of life, even if retired)	10B. KINI	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	AME	4.	1	1/1 -	-	14. MOTHER'S MAIDEN	NAME	4 11
15	The	lea	mg Ri	exit	Kuper	_	Thary	eleux	logithey
(Yes	, no or unknown)	(If ye	IN U.S. AMED	of service)	16. SOCIAL SECURIT	TY NO.	17. INFORMANT		OFRESS
NO	(This does heart failu injury or	LEADI not mo re, astho complic	CONDITION ING TO DEAT can the mode or mia, etc. It mea cation which e	H f dying, e. ns the disca aused deat	g., (A) se, h.) DUE TO	rite Cy	estala electan	uphepen	INTERVAL BETWEEN ONSET AND DEATH
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ERTIFIC	OTHER S	IGNIFI	II CANT CONDI	TIONS CO	N•		0		
CE			E DEATH, BUT OR CONDITION						
AL	19A. DATE C	F OPE	RATION 1	9B. MAJOF	R FINDINGS C	F OPERA	ATION		20. AUTOBEY?
MEDICAL		R CONT	AS UNDER-	218. PL about home	ACE OF INJUR farm, factory, street,	Y (e. g., in office bldg., et	or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	y, give exact location)
	21D. TIME OF INJURY	(Month)	(Day) (Year)	(Hour)	21E. INJURY (	NOT WHILE	D 21F. HOW DID INJU	JRY OCCUR?	
	22. I herch	n kerki	fu that I att		deceased fro	m. 4-5	152,00	4-6 19	Suhat I last saw the
	deceased al	live on			aged that dea		red at 2:40 gm., fyor		the date stated above.
	23A. SIGNA	Lu	inel	Mu	u'	M. D. 2	3 ather	deral S	23c. DATE SIGNED
TIO	A. BURIAL, ON, REMOVAL (S	CREMA-	24B. DATE				NS MEDICAL SCHOOL AP	R 1 5 1952	wn, or county) (State)
	TE RECEIVE		REGISTRAR'	SSIGNAT	William	A- My	25. FUNERAL DIRECTO	ioper of Realth	ADDRESS
=	VS 150	,		0		Zer .	Maritings.	1. 11	
			44.5				1 1	Tist was	



VS 150

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	RTH NO. NOT	30	C	CERTIFICAT	E OF DEATH	Registered .	No
(T	NAME OF DECEA	Bat	by Bo	× WH	EAT	2. DATE OF DEATH	4/52
	PLACE OF DEATH Baltimore City,	1:			4. USUAL RESIDENCE	(Where deceased lived, If	institution : residence before admission)
H	FULL NAME OF OSPITAL OR	(If not in hospit	al or institution	n, give street address of location	c. CITY OR TOWN	d Anne	
IN	STITUTION.	rity	Hos	si tal	Samen	a Park	ts, write RURAL and give townshlp)
c.	gth of stay i	n Baltimore	1	West Days		(If rural, give location)	5200
5.	sex 6.co	Colute	At .	MARRIED. D. DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under 1 Year If Under 24 Hours onths Days Hours Min.
10 orl	A. USUAL OCCUPA done during most of worki	TION (Give kind of ng life, even if retired)	10B. KIND	OF EUSINESS OR	11. BIRTHELACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME				14. MOTHER'S MAINEN	and	U.S.A
	Bay	mond	4. U	Uheat	24. MOTHER'S MAISEN	NAME OI COM	100r
15 Yes	. WAS DECEASED EVE , no or unknown) (If	R IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
-	140				Jath	4	Sauce
	18. 762,	5 I CONDITION	DIDECTIV	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does not a heart failure, ast	DING TO DEA' mean the mode of thenia, etc. It mea	TH of dying, e.g., ns the disease.	(A)	) teleet a	sis	1 day
	injury or comp			DUE TO			
z		CEDENT CAUS		(B)	Premat	wete	Idan
2	DISEASES OR OR OR OF THE ABOUNDERLYING	OVE CAUSE (A)	STATING THE	DUE TO			
3	ONDERETING	CONDITION LA	.51.	(C)	***************************************		
	OTHER SIGNIE	11					
L L	OTHER SIGNIF TRIBUTING TO T TO THE DISEASE	HE DEATH, BUT	NOT RELATED	***************************************			
1	19A. DATE OF OP			INDINGS OF OPER	RATION		20. AUTOPSY?
נ ב	21A. ACCIDENT V		21s. PLAC	E OF INJURY (e. g., in, factory, street, office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	YES NO Property No
Σ Π	CAUSE OF DEAT	н					
	21D. TIME (Month	i) (Day) (Year)	WH	E. INJURY OCCURR  ILE AT NOT WHILE ORK AT WORK		JRY OCCUR?	
	22. I hereby cer	tifu that I att		Ar .	1/3 1952 to	4/4 193	that I last saw the
	deceased alive o	n 4/4	, 19.52, an	nd that death occur	rred at 3:30 Pm., from		
	23A SIGNATURE	- K. (	Botte	м. р.	3B. ADDRESS	Haro.	23c. DATE SIGNED
	A. BURIAL, CREMA		24		RY OR CREMATORY 240	LOCATION (City, town	or county) (State)
				JOHN HOP	KINS MEDICAL SCHOOL AP	R 7 1952	
LG	PRESIVED BY	REGISTRAR	SSIGNATUR	Villiama Mi	25. FUNERAL DIRECTO	of Health	ADDRESS

## THE STATE OF THE STATE OF

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3909 BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 52-06822 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF 3-27-52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) University D. STREET ADDRESS (If paral, give location) Yrs. Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, Il Under 1 Yeer H Under 24 Hours 9. AGE (In years | Il Under 1 Yeer | H Under 24 Hours | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) F. 3-25-52 S 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. AR ED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH 60.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Intracvanial LEADING TO DEATH Swee birk (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDICAL YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? F INJURY NOT WHILE! WHILE AT 3-25 , 1952 to 3 - 27 , 1952 that I last saw the 22. I hereby certify that I attended the deceased from\_ 19 52 and that death occurred at 7:00 Pm., from the causes and on the date stated above. deceased alive on 3 -27 238, ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 3-27-52 N (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT  52 3910 - CERTIFICATE OF DEATH  Registered No. 39	910
BIRTH NO. 3910 52 - 076-CERTIFICATE OF DEATH Registered No.	O.E.O.
1. NAME OF DECEASED BABY BOY KALM  2. DATE OF DEATH QUALLY "19	752
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution	: residence ore admission)
FULL NAME OF (If not in hospital or institution, give street address or	YT) A Y Y
Daltimore-17- 14-	township)
gth of stay in Baltimore  Yrs.  Mos.  Days  O. STREET ADDRESS (If rural, give location)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days	If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of working bife, even if retired)  10B. KIND OF BUSINESS OR II. EIRTHPLACE (State or foreign country) II. EIRTHPLACE (State or foreign country) IV. CITIZ (WHAT INDUSTRY)	EN OF
13 FATHER'S MAIDEN JAME	y. W.
Mores Frence Jonate	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	
	T AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e, g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  DUE TO  (B)  CULTURAL CONDITION CAUSES  (C)  (C)  (A)  DOUBLE CONDITION CAUSES  (B)  (B)  (C)  (C)  (C)	lay+
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	lay+ kous min
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  Previously Plantage of Conditions Contributing To the DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	Mous Min
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20.1	No [
CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OLSEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About bome, farm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About bome, farm, factory, street, office bidg., etc.)  21B. PLACE OF INJURY (e.g., in or CAUSING OR CONTRIBUTING About bome, farm, factory, street, office bidg., etc.)  NOTWHILE AT NOT WHILE	No [
The composition of the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, atreet, office bidg., etc.)  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or CAUSE OF DEATH  210. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCUR?  21f. How DID INJURY OCCUR?  22c. I hereby certify that I attended the deceased from MALL OF THE OIL	location)
The does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONOITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 200.7  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout bows, farm, factory, atroet, office bidg., etc.)  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout bows, farm, factory, atroet, office bidg., etc.)  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout bows, farm, factory, atroet, office bidg., etc.)  21A. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK	location)
This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING IT.  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21A. THE (Month) (Day) (Year) (Hour)  21A. THE (Month) (Day) (Year) (Hour)  21B. PLACE OF INJURY (e.g., in or labout bome, farm, factory, street, office bidg., etc.) INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from the deceased alive on the date street of the date alive of the date of the deceased alive on the date street of the date of the	location)  last saw the tated above ATE SIGNED
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONOTION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20.7 YES  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.)  CAUSE OF DEATH  21A. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCUR?  WHILE AT NOT WHILE WORK 21. HOW WHILE WORK 22. If how DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from the deceased alive on 4. 19 2 and that death occurred at \$2.2 m., from the causes and on the date states of the deceased alive on 23A. SIGNATURE 24B. DATE 24C. NAME OF CEMETER? OR CREMATORY 240. LOCATION (City, town, or county) 1950.  AND ADDRESS OF THE ABOVE CAUSE OF COUNTY OF CO	last saw the tated above ATE SIGNED (State)
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONOTION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20.7 YES  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, farm, factor y, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, farm, factor y, street, office bidg., etc.)  21A. THE (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCUR?  21A. THE (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  22A. BURIAL, CREMING AND	last saw the tated above ATE SIGNED (State)

BF4=64374

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1T	UR	3
	Registered No.	

	NAME OF D		alter B	lack		2. DATE OF DEATH	ch 18, 1952		
A.	PLACE OF D Baltimore (	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore ity Hospitals location)  1940 Lastern Avenue					Maryland c. CITY OR TOWN (I	f outside cornerate limi	te unite DIIDAY and sive		
					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
C	ength of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  B. C. H. 4940 Eastern Avenue				
	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH				
	Male	White		FD. DIVORCED (Specify)	June 26, 1875	9. AGE (In years birthday) M			
		CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13	B. FATHER'S	NAME Rober	t		14. MOTHER'S MAIDEN N Emily McMil	IAME lan			
-									
(Ye	s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or dete	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C. H		ADDRESS		
	18. 1511	1		CAUSE	OF DEATH		INTERVAL BETWEEN		
	104 T	SE OR CONDITION	DIRECTLY				ONSET AND DEATH		
		LEADING TO DEAT	TH	Carcino	ma of Rectum		6mos.		
	heart failure, asthenia, etc. It means the disease,								
	injury or			a.) DUE TO					
_	200	ANTECEDENT CAUS	SES						
0	DISEASE	S OR CONDITIONS, 1	F ANY, GIVII	(B)			**********		
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
CERTIFICATION	(C)								
TIF									
2		SIGNIFICANT CONDI							
บ		SEASE OR CONDITION							
۲		1	9B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?		
CA	3-17-		218 PI	Colostomy for		(If in Baltimore City,	yes No		
MEDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		farm, factory, street, office bldg.,		(az in Danimore City)	give chack receiving		
-	21D. TIME F INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?			
	WHILE AT WORK AT WORK								
	22. I hereby certify that I attended the deceased from 3-12, to 3-18, to 3-18, that I last saw								
	deceased alive on 3-18, 1952, and that death occurred at 12:20m., from the causes and on the d								
	23A. SIGNA		-, 20	2	3B. ADDRESS		23c. DATE SIGNED		
	BO SO	C.S.	(103	En M.D. 4	1940 Eastern Aven	ue, Balto., Md	. 3-26-1952		
2	4A. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240. I	LOCATION (City, town	n, or county) (State)		
11	ON, REMOVAL (S	Specify)		IOUN HOPKINS	MEDICAL SCHOOL ADR 2	1952			
D	ATE RECEIVE	D.BY REGISTRAR	S SIGNATI	JRE .	25. FUNERAL DIRECTOR	of Health	ADDRESS		
L	OCAL REGIST	952 Hunt	ngton	Williams, My	Commissioner	al Beatin			
=	VS 150			* #		a de la companya della companya della companya de la companya della companya dell			
		16 8			1 11 1611	Mary Commercial Commer			

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52 3912 ND-128355

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3912

В	RTH NO.			OLIVINI TOXY	- OI DEXTIII				
1.	NAME OF D					2. DATE			
		Mat	ilda Se	eitz	DEATH March 10,1952				
	Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
	FULL NAME	OF (If not in hospit	al or institut	tion, give street address or	Maryland				
IN	ISTITUTION			Hespital scation)	c. CITY OR TOWN (I	outside corporate limit	s, write RURAL and give township)		
	5/	4940 Eas	tern A		D. STREET ADDRESS (If rural, give location)				
				Yrs. Mos.					
	Length of s	tay in Baltimore	5 011101	61 Yrs. Days	B.C.H. 4940 Bas		11 1 2 2 1 B 1 1 1 A B		
5.	SEX	6. COLOR OR RACE	7. SINGL WIDOV	E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) Mo	under 1 Year H Under 24 Hours nths Days Hours Min.		
	Female	White		owed	Feb.10,1865	87			
wor	A. USUAL OC k done during most o	CUPATION (Give kind of of working life, even if retired)	IOB. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
					Pa.				
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	,/		
	(D)				(D)				
15 (Ye	. WAS DECEASE	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT POLICE	pere City Hes	DDRESS		
				SECONTI NO.	Records: 4940 I	astern Avenue	e tars		
	18. 44.	3× .		CAUSE	OF DEATH		INTERVAL BETWEEN		
		SE OR CONDITION					ONSE! AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)								
	heart failu	re, asthenia, etc. It mea complication which c	ns the diseas	se.			***************************************		
7	ANTECEDENT CAUSES								
ō	DISEASES OR CONDITIONS, IF ANY, GIVING								
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
0				(C)	•	********************************	***************************************		
RTIFICATION									
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED Hypertensive arteriosclerotic cardio-vascu								
ū	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION								
CAL	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY 2.		
Ö	YES  21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in or   21C. WHERE DID (If in Baltimore City, give exact								
EDI	LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?								
Σ	CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?								
	OF INJURY  WHILE AT NOT WHILE								
	m.   WORK   AT WORK								
	22. I hereby certify that I attended the deceased from 4-19, to 3-10, 1952, that I last saw the								
		live on 3-10	<u>, 19_52</u> ,		red at 11:45em., from	the causes and on th			
	23A. SIGNA	TURE	HA	10	3B. ADDRESS		23c. DATE SIGNED		
-	4A. BURIAL,	CREMA- 24B. DATE	4		940 Eastern Aven				
TI	ON, REMOVAL (S	Specify)			********	1000	or country (Sweet)		
-	ATE BECEN	D BY   DECICED :	S.GIG.	JOHN HOPKINS		1952	ADDRESS		
	ATE RECEIVE	RAR		Miacus- My ?-	25. FUNERAL DIRECTOR	of Hacith	ADDRESS		
_	APR 231	952 Munling	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	maur, "	A STITUDOUS HEAL	at treatm			
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## BALTIMORE CITY HEALTH DEPARTMENT

52 3913

ND-12625 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Anita Murray DEATH March 9,1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 48 Yrs. B/C.H. 4940 Eastern Avenue gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | Last birthday | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify Female Negre Single Dec.30.1895 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Elizabeth Simms 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Baltimore City Rospitals (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 4940 Eastern Avenue CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Hypertensive Cardio-vascular disease LEADING TO DEATH Years (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Cerebral Vascular accident 3 months DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., in nr 2 Ic. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW. DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 3-9 19 31 to 3-9 . 1952, that I last saw the deceased alive on 3-9 .. 1952. and that death occurred at 5:15p m., from the causes and on the datc stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

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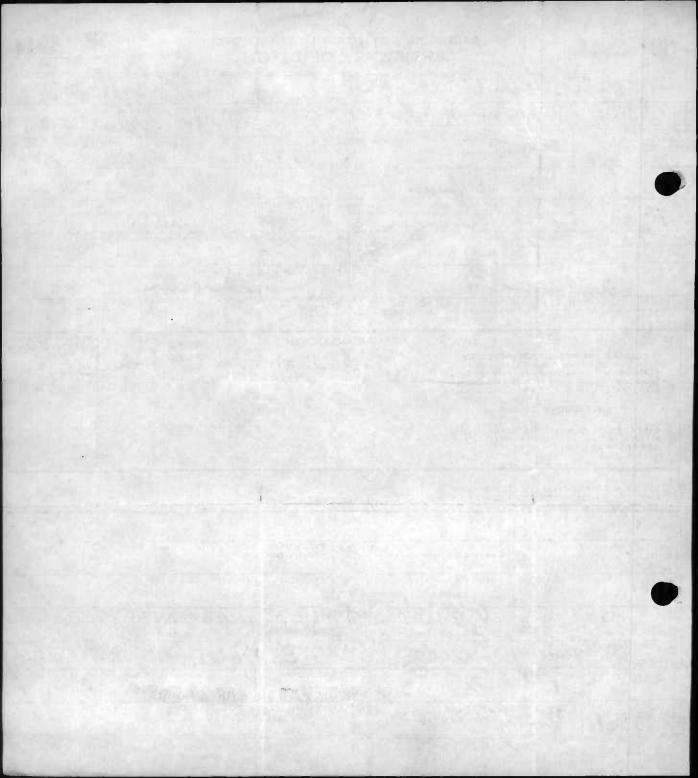
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#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print 2. DATE DEATH 3. PLACE OF DEATH: DUSUAL RESIDENCE (Where deceased liver. If institution: residence A. Baltimore City, Maryland /8 24 before admission B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write BURAL and My C. CITY OR TOWN INSTITUTION Yrs. (If rural, give location) D. STREET ADDRESS Mos. gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 5. SFX 8. DATE OF BIRTH If Under 1 Year AGE (in years) II Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months; Days Hours; Min. undenous 26 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN ADDRESS SECURITY NO. 18. 102X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) ... H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from deceased alive on AC .19. and that death occurred at 19 22m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 33C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY 24B DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE Villacus, M. ADDRESS

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Registered No CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED OF (Type or Print) Burgract DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland STATE (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION township) South D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore If Under 1 Year If Under 24 Hours 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) 5. SEX last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Laknowa Widowed 12. CITIZEN OF 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) WHAT COUNTRY INDUSTRY work done during most of working life, even if retired) ILAK KOWY Unknown Jakaowa 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME nKnown LIKAONI 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .. Cenebral rescular accident OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL YES (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY NOT WHILE WHILE AT m WORK AT WORK 19\_\_\_\_ to\_ 19 that I last saw the 22. I hereby certify that, I attended the deceased from deceased alive on 3/15/52, 19 and that death occurred at 8:40 P. m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE Calles 24d. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

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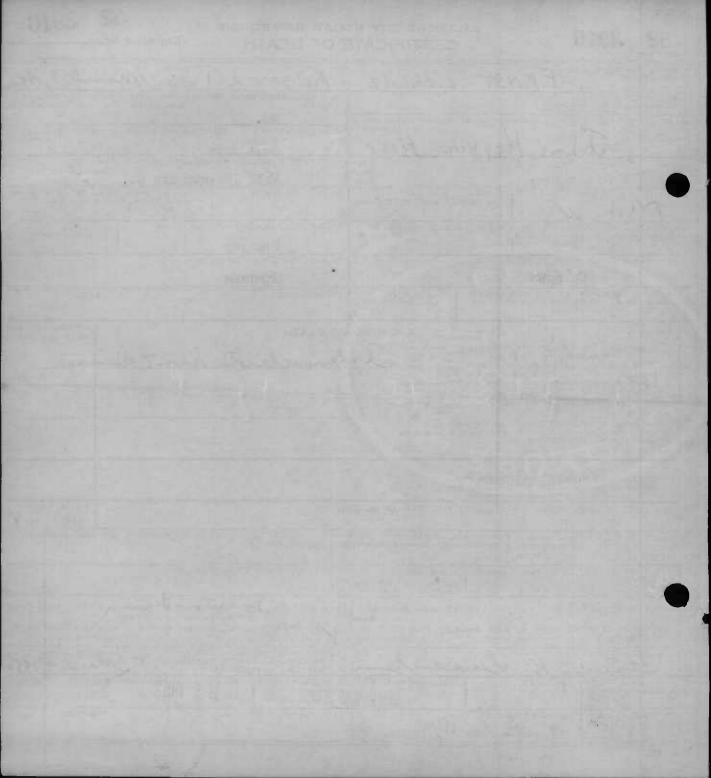
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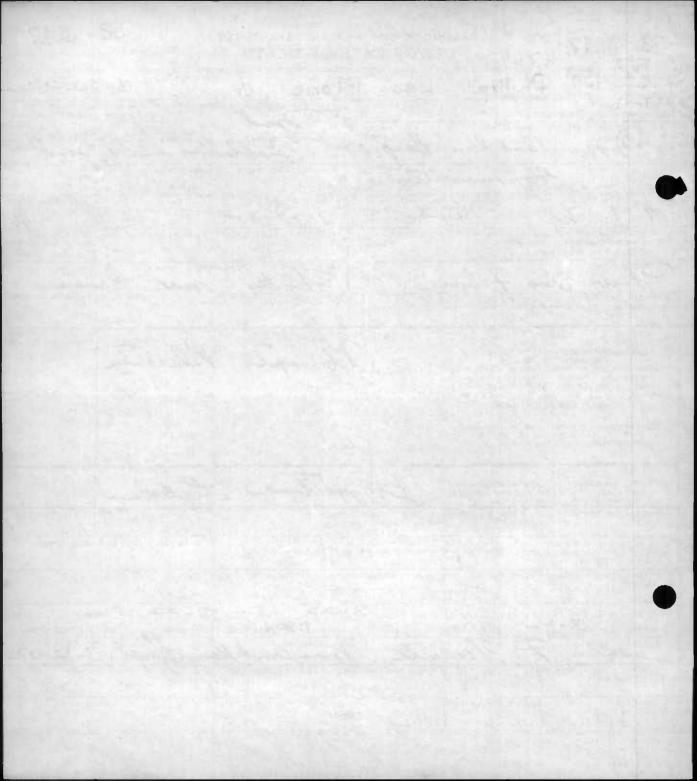
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3916

Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE ERNST OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Md. B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) KINS Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1532 Shakespeare St. ength of stay in Baltimore Days 9. AGE (in years lf Under i Year Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18.420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY teriosclerotic Keart De LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. [1] Ü 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A, DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK WORK thereon and from 22. I certify that I took charge of the remains described above, held an Autopy, Inspection or Aquiry the evidence obtained by said Autoney, Inspection or Inquiry, find that said deceased died on the day stated above, any)death in my opinion resulted from: natural causes W, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SENATURE 238. CHIEF MEDICAL EXAMINER ... [ 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR Z4A. BURIAL, CREMA-TION, REMOVAL (Specify) MAR 2 1 1952 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR untruston



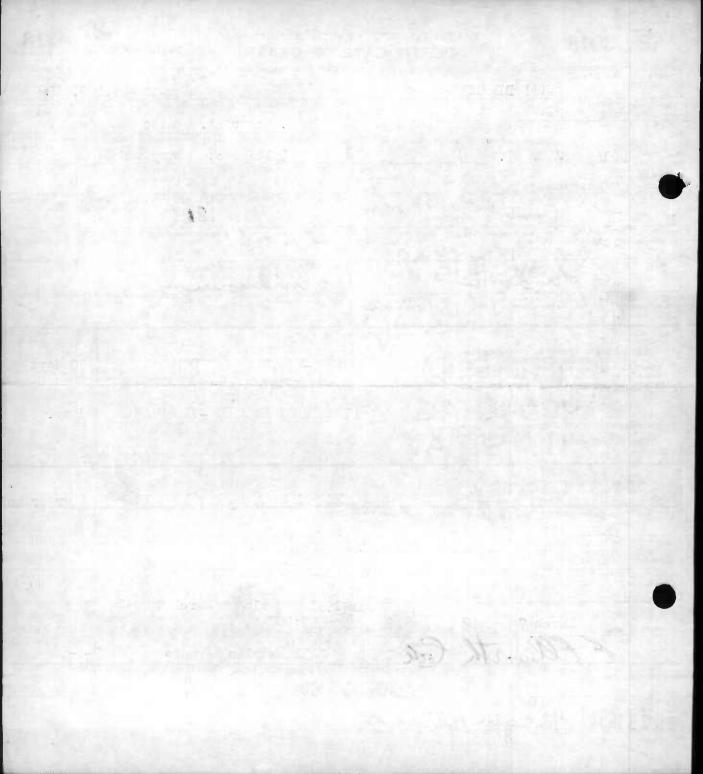


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#### BALTIMORE CITY HEALTH DEPARTMENT

52 3918

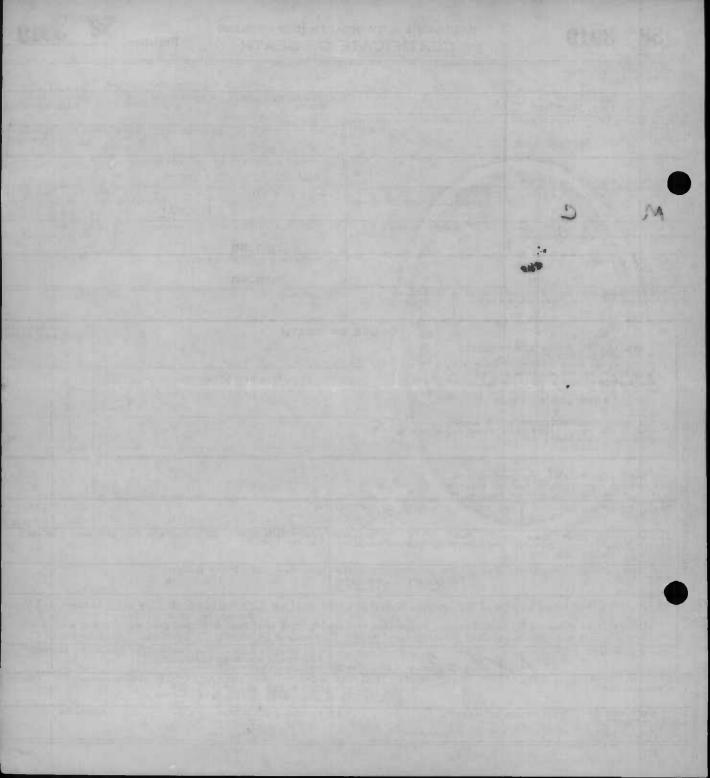
BIRT	H NO.	9510	0		CERTIFIC	ATE	E OF DEATH	Registered	No	00.00
	AME OF e or Print)	DECEASE		BIVENS				2. DATE OF DEATH	arch 9	. 1952
A. B	ACE OF altimore	City, M	aryland				4. USUAL RESIDENCE (NA. STATE 416 E. Eager S	Where deceased lived. B. COUNTY	If institution	
105	PITAL OF	2	EAGER S		tion, give street addr locs	ess or ition)	C. CITY OR TOWN (II	outside corporate lin		RURAL and give township
Jan 19	ath of	13-1-7	Baltimore	± •	1	Yrs. Mos.	D. STREET ADDRESS (If		, C	
5. 5.	X X		OR OR RACE		E. MARRIED. VED, DIVORCED (S	Days pecify)	8. DATE OF BIRTH	9. AGE (In years 2 last birthday)	H Under 1 Yes Months Da	If Under 24 Hours Lys Hours Min.
OA.	USUAL C	CCUPATI stof working l	ON (Give kind of ife, even if retired)	10B. KIN	D OF BUSINESS C		11. BIRTHPLACE (State or f	oreign country)		TIZEN OF HAT COUNTRY
13. F	ATHER'S	NAME	hule	non.			14. MOTHER'S MAIDEN N			
5. V	VAS DECEA	SED EVER	IN U, S. ARMEI	FORCES?	16. SOCIAL SECURITY N	١٥.	17. INFORMANT		ADDRESS	3
11	(This do heart fai	es not mea	I CONDITION NG TO DEA' an the mode onia, etc. It mea	TH of dying, e. ns the disea	۳۰, (A)se,		OF DEATH REBRO-VASCUIAR AC	CIDENT	ONS	erval between the state of the
	DISEAS RISE TO	ANTECI ES OR CO	ation which controls of the control	ES F ANY, GIVI	(B)	H.	YPERTENSIVE CARDI	O≃VASCULAR DISEASE	1	yr.
	TRIBUTII	NG TO THE	II CANT CONDI E DEATH, BUT OR CONDITION	NOT RELAT	FD	GJ	ENERALIZED. ARTERI	OSCLEROSIS		vr or mo
1	9A. DATE	OF OPER	ATION 1	9B. MAJOF	FINDINGS OF	OPER.			YE	
1		OR CONT	AS UNDER.	21B. PL. about heme,	ACE OF INJURY ( farm, factory, street, office	e. g., in bldg.,e		lf in Baltimore City	, give exac	et location)
2	21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  WHILE AT NOT WORK AT WO									
2	3A, SIGN	ATUR	Elley	orth	Cothe M. E	2	38. ADDRESS 2431 Maryland		23c.	DATE SIGNED
ION,	BURIAL, REMOVAL	(Specify)	248. DATE	SSIGNATI	24c. NAME OF CEN	METE		1952	vn, or count	
OC.	R 23	1952	Huntin	gton	Velliaus, M	N.		1 ()		
	.0 .00			U						



#### BALTIMORE CITY HEALTH DEPARTMENT

52 3919

	CERTIFICAT	E OF DEATH	Registered	No.
1. NAME OF DECEASED	44-44-4		2. DATE	
(Type or Print)	LIAM PARKS		OF DEATH Mar	ch 10, 1952
3. PLACE OF DEATH:		4. USUAL RESIDENCE (	Where deceased lived.	If institution: residence
B. FULL NAME OF f not in hosp	pital or institution, give street address or	A. STATE Maryland	B. COUNTY	before admission
HOSPITAL OR	location		f outside corporate liz	nits, write RURAL and giv
Mercy Hos	spital	Baltimore	0	township
	Yrs. Mos.	D. STREET ADDRESS (I		
ength of stay in Baltimore	Days			
6. COLOR OR RAC	WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind fork done during most of working life, even if retire	of IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or :	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	<u> </u>	14. MOTHER'S MAIDEN N	IAME	
Unknown		Unknown		
15. WAS DECEASED EVER IN U. S. ARM		17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give war or de	ates of service) SECURITY NO.			
CONTRIBUTING TO DE LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It minjury or complication which ANTECEDENT CAI DISEASES OR CONDITIONS. RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION UNDERLYING CONDITION THE SIGNIFICANT CONTRIBUTING TO THE DEATH, BUTTON THE DEATH, BUTTON TO THE DEATH TO	e of dying, e. g., teans the disease, caused death.)  USES  (B)	tensive heart di		
TRIBUTING TO THE DEATH, BU	T NOT RELATED			
U 19a. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIE UTING   CAUSE OF DEATH		in or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City	, give exact location)
Z 21D. TIME (Month) (Day) (Year OF INJURY	r) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		Y OCCUR?	
the evidence obtained b	arge of the remains described of y said Autopsy, Inspection or n resulted from: natural cause	Autopsy, Inquiry, find that said d	Inspection or Inquir leceased, died, on.	y the day stated above
23A. SIGNATURE	Denk. 0	238. CHIEF MEDICAL ASSISTANT MEDICAL I.D. MEDICAL INVESTIGA	EXAMINER	3/10/52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C, NAME OF CEMETE		1 1952	vn, or county) (State)
LOCAL REGISTRAR	r's SIGNATURE	25. FUNERAL DIRECTOR	er of Health	ADDRESS
V S 151	0	: 1.90	1	~



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE JOSEPH BECKER DEATH March 8 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and giv INSTITUTION 4-01 township) Baltimore City Morgue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days Market Place 9. AGE (In years | Monday | Year | 11 Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White IOA. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH terioscheratic Cardinas Wales (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES (B) ...... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 21B. PLACE OF INJURY (o. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an Auspectin & c thereon and from Autopsy, Inspection or Induiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Laccident \( \Bar{\Bar{\Bar{A}}}\), suicide \( \Bar{\Bar{\Bar{A}}}\), homicide \( \Bar{\Bar{A}}\), undetermined \( \Bar{\Bar{A}}\) 23A, SIGNATURE 238. CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. March 8 M.D. MEDICAL INVESTIGATOR

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTA

REGISTRAR'S SIGNATURE

wantedow

24B. DATE

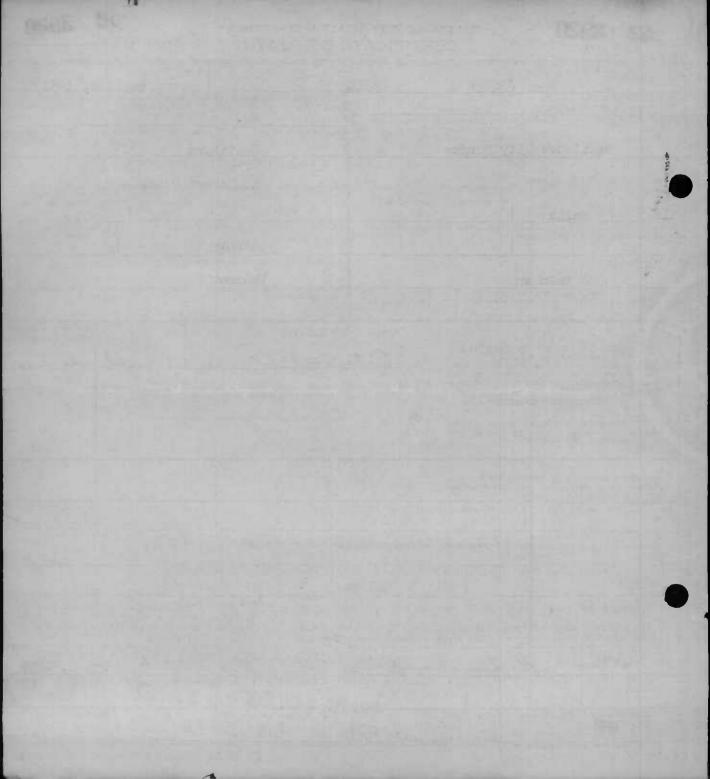
24c. NAME OF CEMETERY OR CREMATORY

10HN HOPKINS AFORCAL SCHOOL MA

ADDRESS

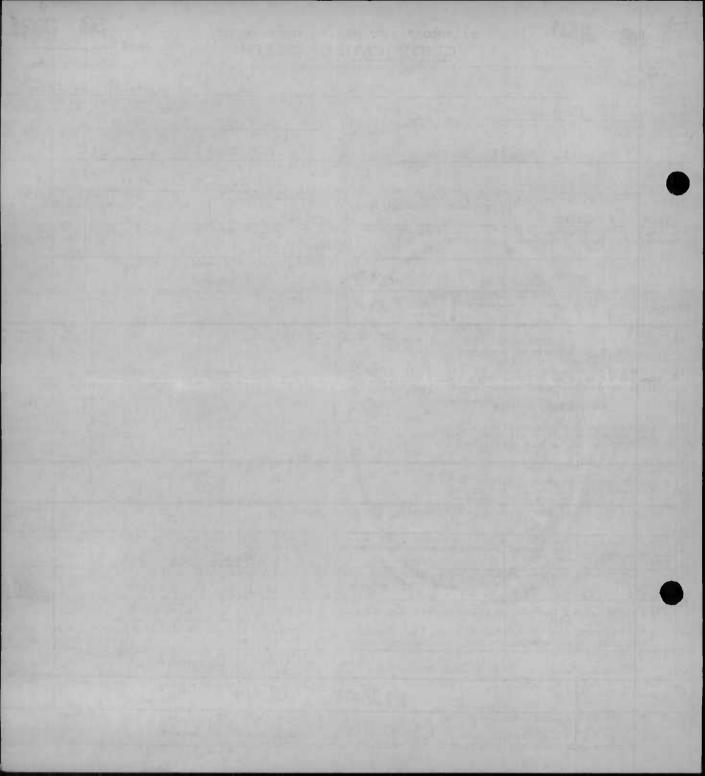
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240. LOCATION (City, town, or county)



	52	3921		TIMORE CITY HE	ALTH DEPARTMENT E OF DEATH	Registered	No. JJEL
BIRTH	NO.						
1. NAM (Type or		ECEASED	LIFTON	COLEM	LAN	2. DATE OF DEATH Mare	ch 21, 1952
	more (	City, Maryland			4. USUAL RESIDENCE () A. STATE	Where deceased lived, I B. COUNTY	f institution: residence before admission)
B. FULL HOSPIT INSTITU	AL OR			ion, give street address or location)		-975	its, write RURAL and give
0-0		Baltimore (	City Mo		Baltimor		0 1
Yrs. Mos. Days					D. STREET ADDRESS (IF	den Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH	9. AGE (in years last birthday)	Il Under 1 Year   Il Under 24 Hours Ionths Days   Hours Min.		
Mal		Colored CUPATION (Give kind of	I SOP KINE	OF BUSINESS OR	9-1-16 11. BIRTHPLACE (State or f	iorgian country)	1 12. CITIZEN OF
		of working life, even if retired		INDUSTRY	Virginia	oteigh country)	WHAT COUNTRY?
13. FAT	HER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
		Unkn	lown		Unkno	wn	
15. WAS	DECEAS	ED EVER IN U. S. ARME	D FORCES7	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or	unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Tr. IIII Ollimaiti		ADDITION
h	This doe	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It me complication which	TH of dying, e. a ans the diseas	g., (A) Drown	of DEATH		INTERVAL BETWEEN ONSET AND GEATH
FICATIO	NDERL	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L  II BIGNIFICANT COND	IF ANY, GIVIN STATING TI AST.	(C)			
E I	RIBUTIN	G TO THE CEATH, BUT	NOT RELATE	ED			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
	-/						YES X NO
NAD	ERLYIN	NAL CAUSE WAS	about home,	ACE OF INJURY (e. g., in farm.factory, street, office bldg., e	te.) INJURY OCCUR?	If in Baltimore City,	2/2
<b>Σ</b> 210.	TIME	CAUSE OF DEATH (Month) (Day) (Year	(Hour)	Harbor	D 21F. HOW DID INJUR	sident Stree	t -/-
	NJURY nd:	3/21/52 7:0	) A. m.	WHILE AT NOT WHILE	x Found drown	ed	
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day state and Nath in my opinion resulted from: natural causes $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermine						the day stated above undetermined 🕱.	
23A	23a. SIGNATURE  23b. CHIEF MEDICAL EXAMINER						
24A. B TION, RE	URIAL.	CREMA- Specify)			RY OR CREMATORY   240, L		
DATE R	REGIST		'S SIGNATI	and the same of th	25. FUNERAL DIRECTOR	f Health	ADDRESS
V S 15	WY)	1990×	0	T THE AZILANDA A	7.10%	8-2-1	

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### BALTIMORE CITY HEALTH DEPARTMENT

52 3922

В	IRTH NO.	3344	CE	RTIFICATI	E OF DEATH	Registere	d No.
1. (T	NAME OF D Type or Print)	ECEASED W:	illiam Ole	r		2. DATE OF DEATH Ma:	rch 28-1952
A. B.	FULL NAME OSPITAL OR	City, Maryland	al or institution, g	rive street address or location)	4. USUAL RESIDENCE A. STATE Maryland C. CITY OR TOWN	(Where deceased lived, B. COUNTY	
-	ISTITUTION	4940 Easter	rn Ave.	Yrs.	Bal+imore D. STREET ADDRESS (	10	-O _ township
2		tay in Baltimore	?	Mos. Days	Baltimore	City Jail	
	Male	6.COLOR OR RACE	7	ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	M Under I Year   H Under 24 Hours Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME		<b>1</b>	14. MOTHER'S MAIDEN	NAME	
15 (Ye	5. WAS DECEAS e, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT Baltime Records: 4940	ore City Hosp	ADDRESS OI;als
	(This does	SE OR CONDITION LEADING TO DEAd not mean the mode of the complication which complication	rH  If dying, e.g.,  ns the disease,  eaused death.)		of Death		20 Hrs.
CERTIFICATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING STATING THE	(8)			
CERTIF	TRIBUTING	II  IGNIFICANT CONDI  TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				
	19A. DATE C	OF OPERATION 1	9B. MAJOR FIN	DINGS OF OPER	ATION		20. AUTOPSY7
EDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE (about home, farm, fa	OF INJURY (e. g., in actory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City	y, give exact location)
Σ	21d. TIME INJURY	(Month) (Day) (Year)	(Hour) 21E. WHILE m. WOR	AT NOT WHILE	21F. HOW DID INJU	RY OCCUR?	
	deceased a	y certify that I att live on 3–28–		that death occur	red at 11 AM m., from		
24	23A. SIGNA	CREMA- 248, DATE	1050	M. D. 40	38. ADDRESS 940 Eastern Ave. RY OR CREMATORY 240.	Baltimore M	d April 8-195 wn, or county) (State)
TI	ON, REMOVAL (S	Specify)	S SIGNATURE	JOHN HOPKI	IS MEDICAL SCHOOL APR	1 6 1952	
1	PR 231		ington W	lliaus My	25. FUNERAL DIRECTOR	ioner of Health	ADDRESS
	VS 150		1	4- 1		9. 1	

VS 150

TOTAL TENANCE POLICE The state of the s - Cress Committee Committe

DE DE REA-156418 BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.			
I. NAME OF DECEASED (Type or Print)	d MacDonald		OF March	10, 1952		
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospits	alor institution give street address or	4. USUAL RESIDENCE (W. A. STATE Maryland	here deceased lived, If inst B. COUNTY	itution: residence before admission)		
HOSPITAL OR Baltinore City 1940 Eastern	Hospitals location)		outside corporate limits, w	rite RURAL and give township)		
ngth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r 1212 Linden	4	<i>*</i>		
Male Shite	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	July 12, 1905	9. AGE (In years last birthday) Month	s Days Hours Min.		
IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for New York	reign country)   12	CITIZEN OF WHAT COUNTRY?		
George M	acDonald	14. MOTHER'S MAIDEN NA Leila Harra				
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) (If yes, give war or dated	FORCES? 16. SOCIAL SECURITY NO.	Records: B. C. H.	4940 Eastern	Avenue V		
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mealinjury or complication which complication will be complicated by the compl	DIRECTLY TH of dying, e.g., ns the disease, aused death.)  DUE TO  SES  (B)	of DEATH		ONSET AND DEATH		
	NOT RELATED	RATION		20. AUTOPSY?		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About bome, farm, factory, street, office bldg., etc.) LYING DEATH  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?  About bome, farm, factory, street, office bldg., etc.)						
2 ID. TIME (Month) (Pay) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK 3-10 52						
22. I hereby certify that I att deceased alive on. 3-10	, 1952, and that death occur	rred at 4:15 P., from the 23B. ADDRESS 4940 Eastern Avenu	ie causes and on the	date stated above.  23c. DATE SIGNED  4-3-52		
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE	S MEDICAL SCHOOL APR 1	6 1952	county) (State)		
LOCAL PROJECTO LOCAL	s signature Villiams, M	25. FUNERAL DIRECTOR	of Health	DDRESS		

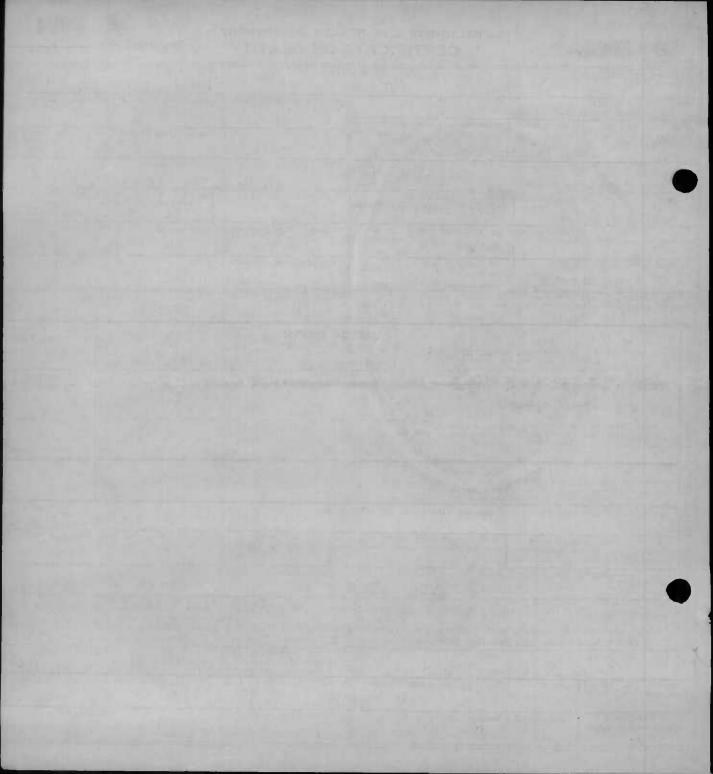
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#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No-CERTIFICATE OF DEATH 2. DATE I. NAME OF DECEASED (Type or Print) March 18, 1952 FLORENCE WILSON DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give location) C. CITY OR TOWN HOSPITAL OR INSTITUTION Baltimore Johns Hopkins Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 413 S. Spring Street ength of stay in Baltimore Days AGE (In years) If Under 1 Year 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) 8. DATE OF BIRTH 5. SEX 6 COLOR OF BACE last birthday) Months: Days Hours: Min. Colored Female 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of WHAT COUNTRY work done during most of working life, even if retired) Unknown 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 16. SOCIAL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS SECURITY NO (Yes, no or unknown) INTERVAL BETWEEN 18. 442X CAUSE OF DEATH DNSFT AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ... Hypertensive arteriosclerotic cardio-(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, vascular renal disease injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT CE 20. AUTOPSY7 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION NO X YES (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., In or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident [], suicide [], homicide [], undetermined []. 23c. DATE SIGNED 23B, CHIEF MEDICAL EXAMINER ..... 23A. SIGNATUR ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR. 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE ADDRESS DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

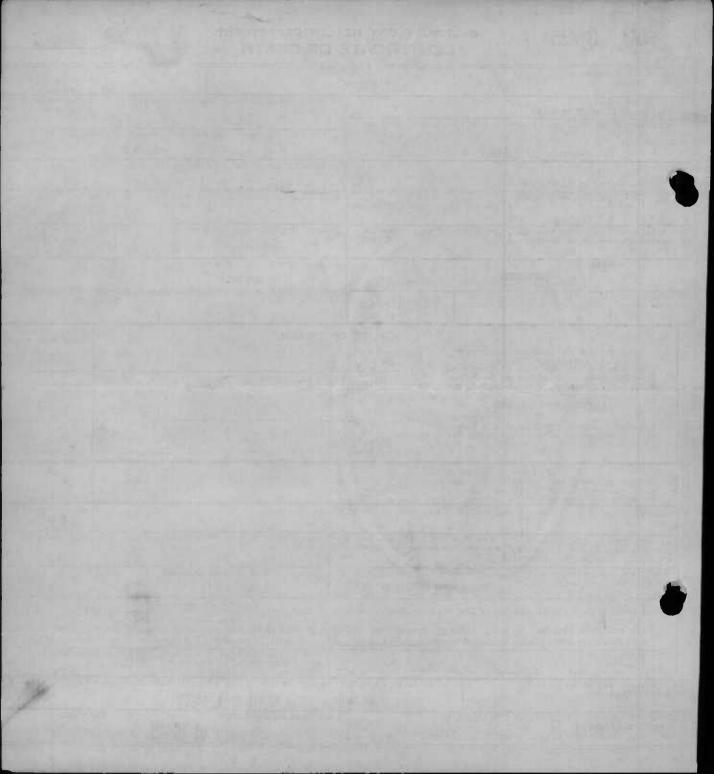


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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Ro. 3925

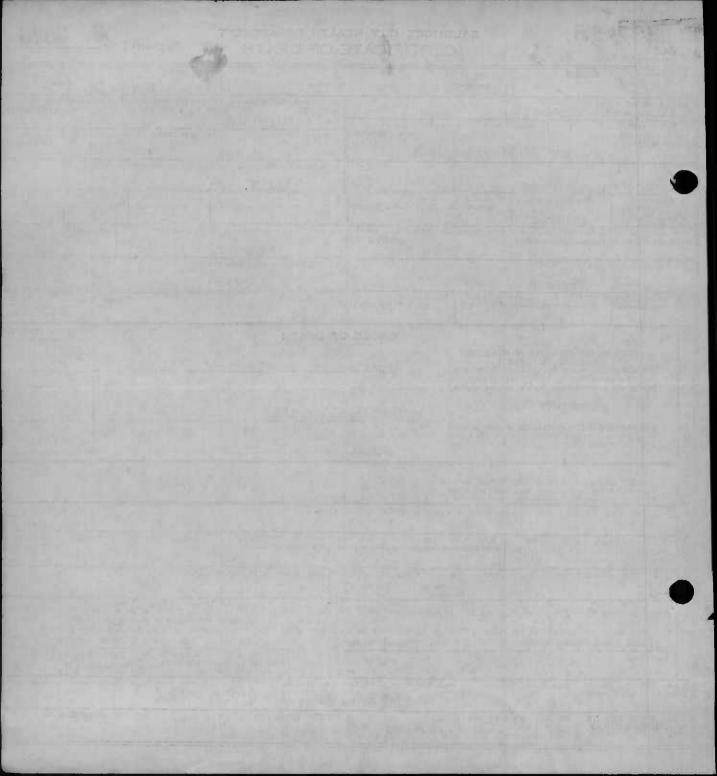
ВІ	RTH NO.			CERTIFICATI	- OI DEAITI			
	NAME OF D.				2. DATE OF 1 20 2050			
			ARY	FLEISHMAN		DEATH Marc	ch 12, 1952	
	PLACE OF D.	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission)	
_	FULL NAME		al or institut	ion, give street address or	Maryland	5. 0001111	belove wantibliony	
HO	SPITAL OR	(		location)	C. CITY OR TOWN (If	outside corporate limit	s, write RURAL and give	
IN	STITUTION	Mercy Hosp	ital		Baltimore	2/-	O / township)	
	7	Herely Hosp	J. O'Chala	Yrs.	D. STREET ADDRESS (If r	cural, give location)		
4	anoth of a	tor in Doltimore		Mos.	100 E D	tt Ctmost		
	SEX	tay in Baltimore	7. SINGLE	Days Days	B. DATE OF BIRTH	ett Street  9. AGE (In years)	f Under 1 Year   If Under 24 Hours	
	WIDOWED, DIVORCED (Specify					last birthday) Mo	onths Days Hours Min.	
	emale	white	10= 1(1)	OF BUCINESS OF	11 BIRTHINI ACE (State on fo		10 0171701 05	
		CUPATION (Give kind of of working life, even if retired)	IOB. KINL	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?	
					Unknown			
13	. FATHER'S				14. MOTHER'S MAIDEN NA	ME		
		Unknow	n		Unknown			
		D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	A	DDRESS	
(Yes	, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.				
-	pune -ur	1 1					INTERVAL BETWEEN	
	1B. 58	1./		CAUSE	OF DEATH		ONSET AND DEATH	
	DISEAS	SE OR CONDITION LEADING TO DEA		77. 4.1				
		not mean the mode oure, asthenia, etc. It mea	of dying, e. 1		Liver	***************************************		
		complication which			ic alcoholism			
		ANTECEDENT CAUS	SES					
	(B)							
8		OR CONDITIONS, I		NG				
Ĕ		YING CONDITION LA						
Y				(C)			******	
ERTIFICATION		П	T.O.I.O					
H.	TRIBUTING	SIGNIFICANT CONDS TO THE OEATH, BUT	NOT RELATE	ED				
CEI		ISEASE OR CONDITION					Loo Alleganora	
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
A			1 215 81 /	ACE OF INJURY (e.g., in	or 21c. WHERE DID (II	f in Baltimore City,	YES NO	
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB-		farm, factory, street, office bldge		in Baronnore City,	Sive exact location,	
		CAUSE OF DEATH.						
Σ	210. TIME (	(Month) (Day) (Year)	, ,	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?		
P	INSORT		m.	WHILE AT NOT WHILE				
D.	. I certi	fu that I took char	ae of the	remains described a	bove, held an partia	l autopsy	thereon and from	
					Autopsy, I	inspection or inquiry		
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated ab and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined    23A. STENATURE   23C. DATE SIGNED							ie day stated above,	
	N To		Ne	· dashes	ASSISTANT MEDICAL E	EXAMINER	arch 12, 1952	
31	4A. BURIAL, CREMA-1 246, DATE   24c. NAME of CEMETERY OR CREMATORY   24o. LOCATION (City, town, or county) (State)							
TION, REMOVAL (Specify)						1050		
JUHN HUKUND KITULAL JUNUN MAK & 1 1932							ADDRESS	
LC	CAD REGIST	BY REGISTRAR	SSIGNATI	Valiaus, Night	25. FUNERAL DIRECTOR	of Tanith	ADDRESS	
	APRZJ	1334 Tourten	gion 1	rauau, ,,	CORRESSIONAL	61 higalin		
V	S 151		0			NEW YORK	· Luciano	
-			THE STATE OF		: 7.4.7	No. 10 1		



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

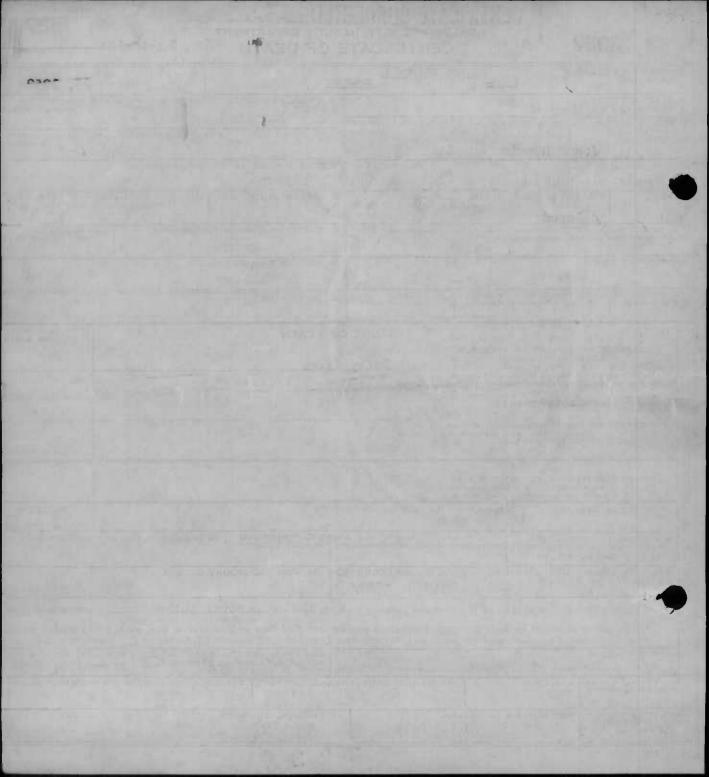
Registered No. 3926

В	BIRTH NO.							
1.	NAME OF D	ECEASED	1			2. DATE OF		
()	Type or Print)	J	LORENCI	3	SMITH	DEATH March		
	Paltimore	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived. If i	nstitution : residence before admission)	
	FULL NAME		al or institut	ion, give street address or	Maryland			
	OSPITAL OR			location)	C. CITY OR TOWN (I	If outside corporate limits	townshin)	
	-3	Johns Hopl	tins Ho		Baltimore	6-6	2	
7				Yrs. Mos.	D. STREET ADDRESS (I			
Length of stay in Baltimore Days					104 N. Bo		Under 1 Year   If Under 24 Hours	
	.sex Cemale	6. COLOR OR RACE		E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mon	nths Days Hours Min.	
10	DA. USUAL OC	CUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or :	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
WOI	k dane during most	of working life, even if retired)		INDUSTRY	Unknown		WHAT COUNTRY?	
1	3. FATHER'S	NAME			14. MOTHER'S MAIDEN N			
		Unknown			Unknown	1		
		ED EVER IN U.S. ARME	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS	
(Y	es, no or unknown	(If yes, give war or date	a or service)	SECURITY NO.				
	(This doe heart fail	SE OR CONDITION LEADING TO DEA so not mean the mode ure, asthenia, etc. It mes complication which	TH of dying, e. ans the diseas caused death	e. (A) Hyperts	of DEATH  ansive cardiovasc  al hernia	nler disease	INTERVAL BETWEEN ONSET AND DEATH	
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
Ü		A CONTRACTOR OF THE PARTY OF TH		FINDINGS OF OPER	RATION		20. AUTOPSY?	
A L						YES NO A		
DIC	UNDERLYING	NAL CAUSE WAS NG [] OR CONTRIB- CAUSE OF DEATH	about home,	ACE OF INJURY (e. g., if farm, factory, street, office bldg.,		(If in Baltimore City, g	nve exact location)	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE							
o colorados es	at work ☐ Autopsy, Inspection & inquiry there are evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes ☑, accident ☐. suicide ☐, homicide ☐, undeterminated ☐ and Signature ☐ 238. SIGNATURE ☐ 238. CHIEF MEDICAL EXAMINER ☐ 230. DATE							
200		Millia 1	Low	M	ASSISTANT MEDICAL	EXAMINER	rch 18, 1952	
	AA. BURIAC.	CREMA- 24B. DATE Specify)		C. NAME OF CEMETE	RY OR CREMATORY 24D.		or county) (State)	
correct	ATE RECEIV	ED BY REGISTRAR	'S SIGNAT		25. FUNERAL DIRECTOR	Realth	ADDRESS	
=	/ S 151		C		67.9.5	V <sub>1</sub> · · · · ·	1	



CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH FOWLER March 25. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Johns Hopkins Hospital Yrs. D. STREET ADDRESS (If rural, give location Mos. Length of stay in Baltimore 1009 Gramby Days 6. COLOR DE RACE SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) it Under I Year WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. male 56 colored 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCEST Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. 581.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH A Fatty liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It mcans the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 11 TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING T CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an partial autopsy thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes IX accident [ ], suicide [ ], homicide [ ], undetermined [ ]. 23A. SEGNATURE 238. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. March 26, 1952 MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) REGISTRAR'S SIGNATURE 25. FUNERAL ADDRESS EL LIVA-

westrictor



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH ( 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution A. Baltimore City, Maryland B. COUNT A. STATE before admission) B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN JOHNS HOPKINS HOSPITAL INSTITUTION SS (If rural, give location) Yrs. Mos. gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. If Under 1 Year WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MRown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS HOPKINS HOSPITAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. 526 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, nsthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. EDICAL 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE AT WORK ., 1952, that I last saw the 22. I hereby certify that I attended the deceased from. 4-14. 1952 and that death occurred at 45 Im., from the causes and on the date stated above. deceased alive on ... 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS QU (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 2 C. NAME OF CEMETERY OR CREMA

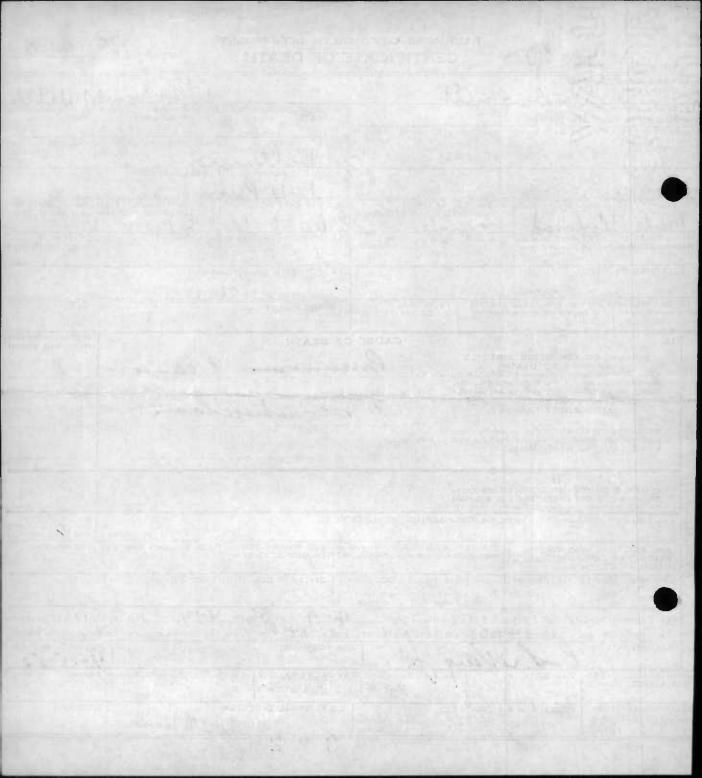
25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY

LACAL REGIST

REGISTRAR'S SIGNATURE ..

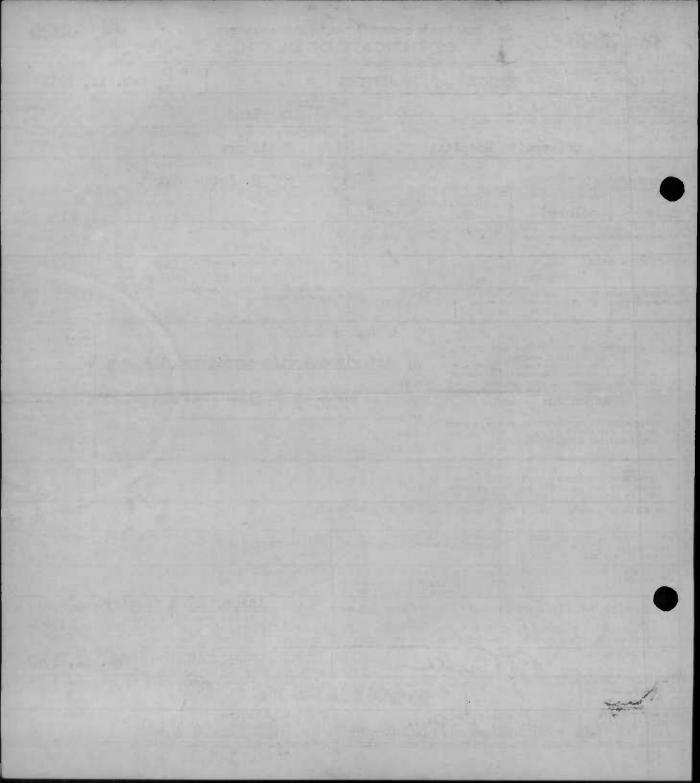


the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🗶 accident 🖂, suicide 🖂, homicide 🗀, undetermined 🗀. 23A. SIGNATURE

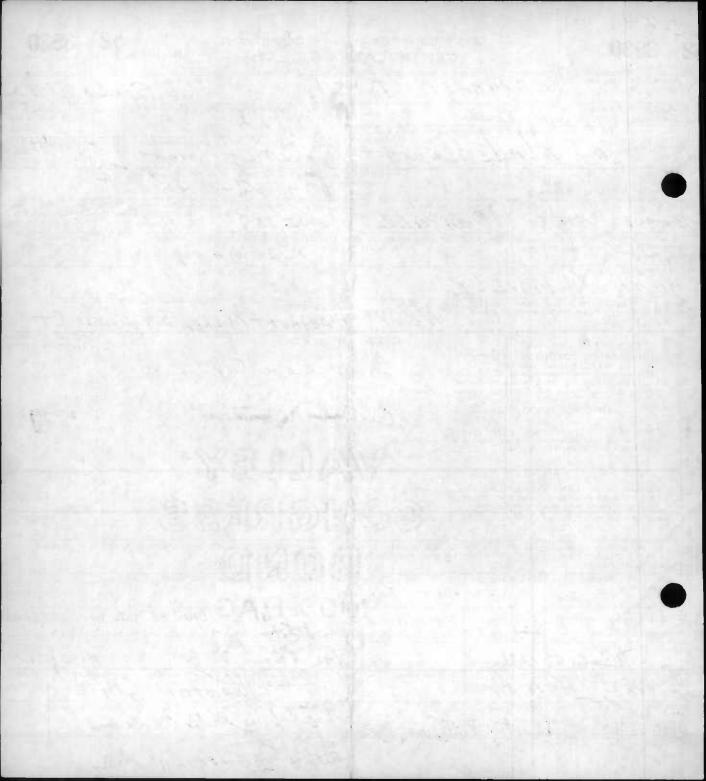
MEDICAL INVESTIGATOR 24B. DATE 24c. NAME OF CEMETERY

JOHN HOPKINS MEDICAL SCHOOL MAR 143 L952ON (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTR diacus. M untington



	700	
9	3930 BALTIMORE CITY HEALTH DEPARTMENT	3930
BI	CERTIFICATE OF DEATH Registered No.	
1. (T	NAME OF DECEASED MARGAREX KISh  2. DATE OF DEATH CIPILITY DEATH CIPILITY OF DEATH CI	23,1952
	Baltimore City, Maryland Balta.  A. USUAL BASIDENGE (Where deceased lived, If ins	titution: residence before admission)
	FULL NAME OF (If not in hospital or institution give street address or OSPITAL OR location) C. CITY OR JOWN (If outside corporate limits, v	X I I I I I I I I I I I I I I I I I I I
IN	804 DLAGE COURT BALT, MOREZ	5 (township)
c	ngth of stay in Baltimore  Yrs.  Mos.  Depts  Do 4  Depts  (A rural, give location of the control of the contro	
7	EMALE 6. COLOR OF RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) HUM  WHO WED, DIVORCED (Specify) 1. 4877 last birthday Mont	les I Year If Under 24 Hours has Days Hours Min.
10 work	DA. USUAL OCCURATION (Give kind of 10B. KIND OF BUSINESS OR II. BIRTHPIACE (State or foreign country)	CITIZEN OF WHAT COUNTRY?
	JERMANY JERMANY	
	JOHN Y. MILLER	
Co.	(WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT CONFIDENCE TO THE PROPERTY OF THE PROPERTY	RESS OF C+
	18. 422.1 CAUSE OF DEATH	INTERVAL BETWEEN
	DISFASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES Control Thereton	· dess
ZO	DISEASES OR CONDITIONS, IF ANY, GIVING	1
CERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
FIC	(C)	
RT	OTHER SIGNIFICANT CONDITIONS CON-	
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
١	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
O	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, giv	YES NO
MEDICAL	21a. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING CAUSE OF DEATH  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?)	e exact location)
	21b. TIME (Month) (Day) (Year) (Hour)   21s. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?	
	TINJURY	
	MHILE AT NOT WHILE AT WORK AT WORK	
	m. WHILE AT NOT WHILE AT WORK AT WORK 1951, to 4 1951, to 4 1952, 1954,	hat I last saw the
	m. WHILE AT NOT WHILE AT WORK AT WORK 1951, to 423, 1954, to deceased alive on 1951, 1952, and that death occurred at 125 A.m., from the causes and on the	date stated above.
	m. WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from June 1951, to 4 miles, 1952, to deceased alive on 4 miles, 1952, and that death occurred at F. A.m., from the causes and on the 23A. SIGNATURE  23B. ADDRESS	date stated above.
24	22. I hereby certify that I attended the deceased from Juni. 1951, to Gril 23, 1954, deceased alive on Gril 1, 1952 and that death occurred at 82 A.m., from the causes and on the 23A. SIGNATURE  23B. ADDRESS  M. D. 4710 Finning true W.	date stated above.  23c. DATE SIGNED  4/23/5
24	22. I hereby certify that I attended the deceased from Juni 1951, to 1952, 1954, deceased alive on 1952, and that death occurred at 1954 m., from the causes and on the 23A. SIGNATURE  23B. ADDRESS  M. D. 4710 Forming to W.T.	date stated above.  23c. DATE SIGNED  4/23/5
D/ LC	m. WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from Juni 1951, to your 3, 1952, deceased alive on and that death occurred at 1954 m., from the causes and on the 23A. SIGNATURE  23B. ADDRESS  M. D. 4713 many to the course of the property of the property of the course of the property of the pro	date stated above. 23C. DATE SIGNED 4/23/5 \(\sum_{\text{county}}\) (State)
Z4 TV	work NOT WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from June 1951, to June 1952, to deceased alive on Jule 1, 1952, and that death occurred at 1952, m., from the causes and on the 23A. SIGNATURE  23B. ADDRESS  M. D. 4710 Semination City, town on the survey of the control of	date stated above. 23C, DATE SIGNED 4/V3/S county) (State) DDRESS
D/LC LC	m. WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from Juni 1951, to 1952, 1952, deceased alive on 1951, 1952 and that death occurred at 1952 mm., from the causes and on the 23A. SIGNATURE  23B. ADDRESS  M. D. 4710 mm. The Company of Charles of Char	date stated above. 23C, DATE SIGNED 4/V3/S/COUNTY) (State) DDRESS



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ADDRESS

John O.Mitchell & Sons, Inc .- 1900 Eutaw Place

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH April 22, 1952 Miller Susan Ann 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryla nd B. FULL NAME OF HOSPITAL OR Ashburton Nursing Home C. CITY OR TOWN (If outside corporate limits, write BURING and give INSTITUTION township) 3520 N. Hilton Road Baltimore D. STREET ADDRESS (If rural, give location) 16 Yrs. Mos. 4604 Roland Ave. ngth of stay in Baltimore Davs 6. COLOR OR RACE 5. SFX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (In years | If Under | Year last birthday) | Months; Days 9. AGE (In years) Hours Min. female white June 8, 1860 91 widowed 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Del. U. S. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jesse F. Gooding Catherine Biggs 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Mrs. James D. Derickson-4604 Roland Ave. SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY 22. I hereby certify that I attended the deceased from \_\_\_\_\_\_, 1950, to apr 22, 1952, that I last saw the deceased dive on the 22 1952, and that death occurred at 2 2.m., from the causes and on the date stated above. 23A. SIGNATURA 23B. ADDRESS 23c. DATE SIGNED 8 Longwood Road 4 - 23 - 5224c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24 - 52Spring Hill Easton, Maryland burial

25. FUNERAL DIRECTOR

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

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# BALTIMORE CITY HEALTH DEPARTMENT

egistered No. 3932

BIRTH NO. CERTIFICATE OF DEATH	egistered No.
1. NAME OF DECEASED RIDGAWAY RAY RIDGELY 2. DAT OF DEAT	Maril 27 1950
3. PLACE OF DEATH:   4. USUAL RESIDENCE (Where doces	ased Yved. If institution: residence COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4500 Majne Avenue  B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CLTY OF TOWN (If outside co	rporate limits, write (1) Rate and give township)
c. 9th of stay in Baltimore 92 Yrs. Hos. 4500 Maine	Avenue -7-
Remale White Widowed (Specify) Nay 27, 1869	(In years   M Under   Year   If Under 24 Hours   Win.
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, with if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11 BIRTHPLACE (State or foreign cour industry)	ntry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME THE ROLL TO HOLD NAME	Cris
15. WAS DECEASED EVER IN U. S. ARMED FORCES. Yes, no or and pown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
18. H5X  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	Sion   hour
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) Mevmah Ecardiovasulay	
OTHER SIGNIFICANT CONDITIONS CON-	20 /04/15
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO (
HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?  21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR.  WHILE AT NOT WHILE AT WORK AT WORK	7
22. I hereby certify that I attended the deceased from Nov deceased alive on April 20195, and that death occurred at 7 m., from the cause	43, 195, that I last saw the s and on the date stated above.
William Trakend C M. D. 3400 Woodbine He, Bett.	7. Md 236 PATE STONED
BuriAL April 26,1952 LORVAINE WOODL	AWA Md.
DATE RECEIVED BY REGISTRAR'S GIGNATURE Sohn O. Mitchell of	morno. 1900 Eutaw Pl.
TENAL STALLER TO THE STALL STA	

KIDGANAY BAY BIDGELY CAMI 23 950 Morgland Baltimore #500 Maine Avenue 4500 Maine Avenue T-Emale White Widowed My 27 1869 83 Maryland U.S. Howsenste William G Esther S. Cross Coronary acclusion liver Artinoscerato cardiovasidadeses 15gens Rhermake continuous ar diese 25 years Nov 11/10/19 19/1/ 23 55 April 50 50 3400 Madeine Re. B. H. 7. Med 4/23/52 Willard Trabard G. OFFICE LEARLY LEFFER WESCHLAWN MO. Bearing the Comment of the Comment o

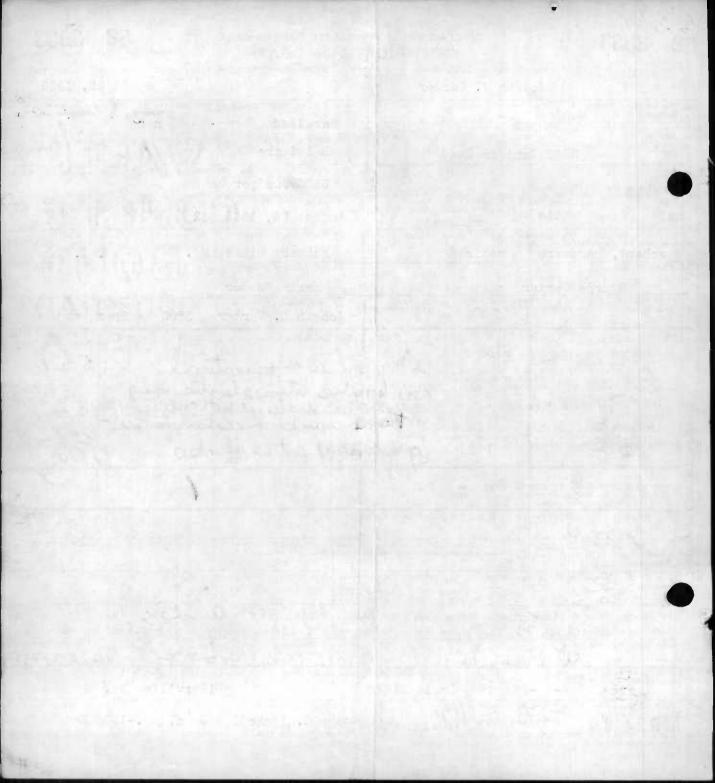
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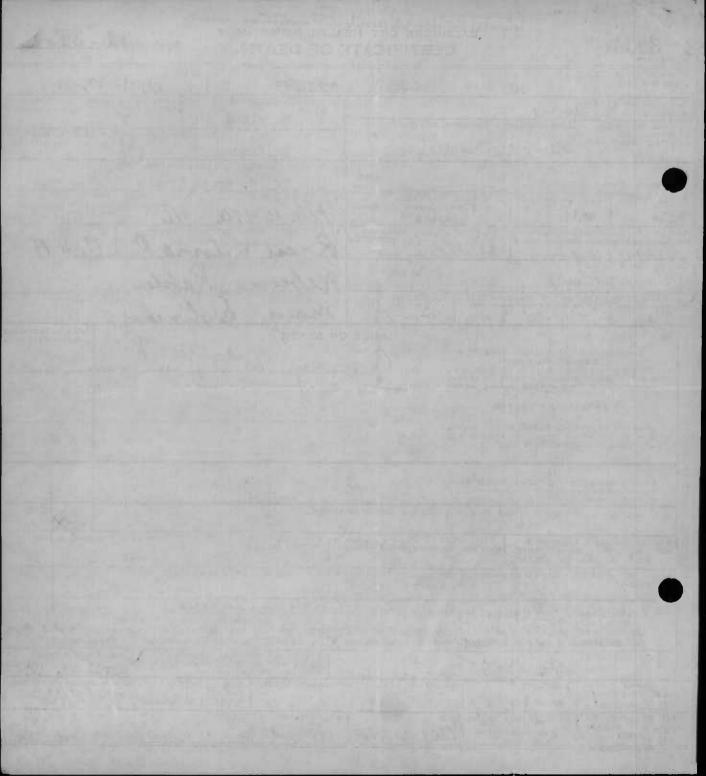
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3933

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE April 22, 1952 (Type or Print) Joseph J. Carter OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland STATE none Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write HURAL and give INSTITUTION Baltimore township) 3803 Juniper Road D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3803 Juniper Road ength of stav in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) 82 last birthday) Months Days WIDOWED, DIVORCED (Specify) Hours: Min. male white August 28, 1869 widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? retired Eckhart Mines, Md. U. S. Merchant, hardware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maria Porter George Carter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 3803 Juniper Road Jose h L. Carter INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20 AUTOPSY DICAL YES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about bome, ferm, fectory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from Wasch! , 195 to Cepil 2 19 that I last saw the deceased alive on light. 19 Y and that death occurred at 9.30Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 1015 TONKAN Fore Dr 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Pikesville, Md. 4-24-52 Druid Ridge burial 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR John O. Mitchell, & Sons, Inc .- 1900 Eutaw Place



Registered No CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH April 19, 1952 DOLLINSKY DOLINSKI MAX 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Marvland (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION University Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 743 W. North Avenue ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Unday 1 Year 5. SEX AGE (in years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) white male 10A. USUAL OCCUPATION (Give kind of KIND OF BUSINESS OR . INDUSTRY work fore during most of working life, even if retired) ick louler 13. FATHER'S NAME Joseph Dolinsky 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. 56-14-37 20 INTERVAL BETWEEN 42011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ..... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE AT WORK WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23B. CHIEF MEDICAL EXAMINER .... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 248, DATE 25-5 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR Victualus-V S 151

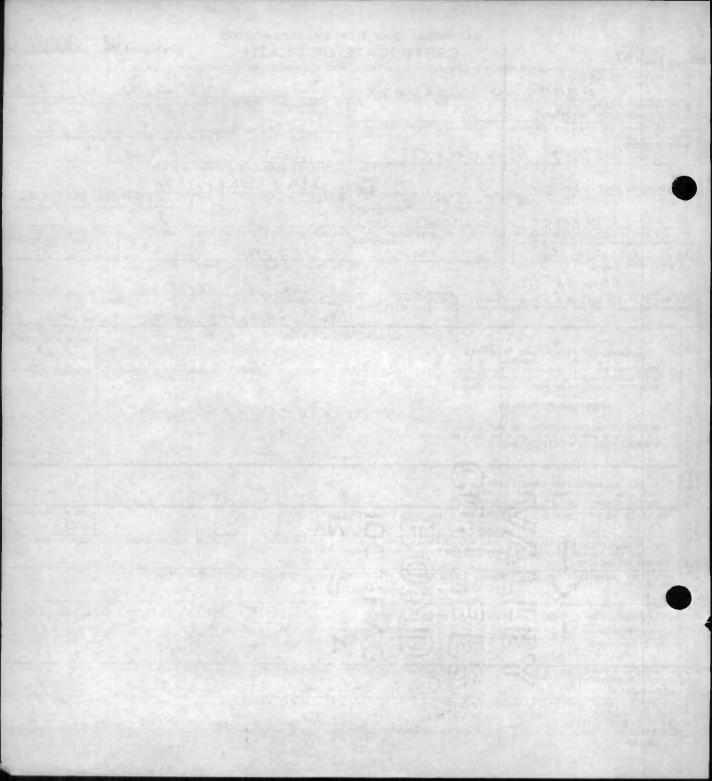


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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3935

1. NAME OF DECEASED   2. DATE
(Type or Print) Harry S. FELDMAN OF DEATH APR. 23 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission before
B. FULL NAME OF (If not in hospital or institution, give street address or TARTIANG
HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and gi
INSTITUTION 3929 BOGRMAN BGLTO. De townshi
Yrs.   D. STREET ADDRESS (If rural, give location)
length of stay in Baltimore SO 2929 BORRARN
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years   11 Under 14 Hours   12 Hours   12 Hours   13 Hours   14 Hours   15 H
MALE WHITE WIDOW 67
10A, USUAL OCCUPATION (Give kind of 1 OB, KIND OF BUSINESS OR 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF
WAR done during most of working life, even if retired)  NOURANCE  WHAT COUNTR  U.S. G.
13. FATHER'S NAME AGENT 14. MOTHER'S MAIDEN NAME
Not known NoT Known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.
MRS. CHAROLETTE BERG-3708 CLARINTH TI
LIST OF DEATH
DISEASE OR CONDITION DIRECTLY
(This does not mean the mode of dying, e.g., (A) Gronary Throm kins
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.) DUE TO
ANTECEDENT CAUSES  (B) Generalized artemo - Schools 15 years
DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.
(C)
OTHER SIGNIFICANT CONDITIONS CON. Port 10 + 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OTHER SIGNIFICANT CONDITIONS CON.
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
4 3-13-32 Jennela 2003 Jallymy YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?
OF INJURY  MHILE AT NOT WHILE  MORK AT WORK
100 100 22 51
deceased alive on 4 22. 195 and that death occurred at 11.30 m., from the causes and on the date stated about
23A. SIGNATURE A 23C. DATE SIGNE
Saw Cohen 1804 Eulan / Cace 4123 52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State
Berreal 4/24/1952 Beth Helph Balt Mel
DATE RECEIVED BY   REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS /
APR 241952 Huntington Williams March Seuri In. 2100 Eulaw PL
VS 150



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25	3936
BIRTH	NO.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered R. 3936

BIRTH NO.	
Type or Print)  LENA ELY	2. DATE OF OGN. 23, 1952
B. PLACE OF DEATH:  a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location	township)
5332 (UTHBERT AUE	84710, 6110
2 C Mag.	D. STREET ADDRESS (If rural, give location)  S337 (UTNBERT AUE)
gth of stay in Baltimore 0 0 D	8. DATE OF BIRTH 9. AGE (In years) # Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
ork done during most of working life, even if retired) 1NDUSTRY	WHAT COUNTRY?
TOUSE WIFE	14. MOTHER'S MAIDEN NAME
1 - 4.	1
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	NOT KNOWN
(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	ISOdore ELY - SOME
18. 33/X 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	bro vascular accident   3 weeks
Injury or complication which caused death.) DUE TO	ll-ar pearalysis
ANTECEDENT CAUSES	0 - 1 10 - 50/
DISEASES OR CONDITIONS, IF ANY, GIVING	ral med arterio - Sclerosis 15 years
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- MULLY Th	eumatoid+ oster. arthretia
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.,	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	, 1944 to 4 1-2, 1952 that I last saw the
	rred at 2 H m., from the causes and on the date stated above.
	238. ADDRESS L 23¢. DATE, SIGNED
1 grav when M.D.	1804 ENTOW PLACE 14/23/52
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Bureas 4/24/1952 mx. 6.0	ernel Balto. Mef.
DATE RECEIVED BY HEGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 24 1952 Tuntington Velleaus, Mar	fact Leurs Inc 2100 Eulaw 11
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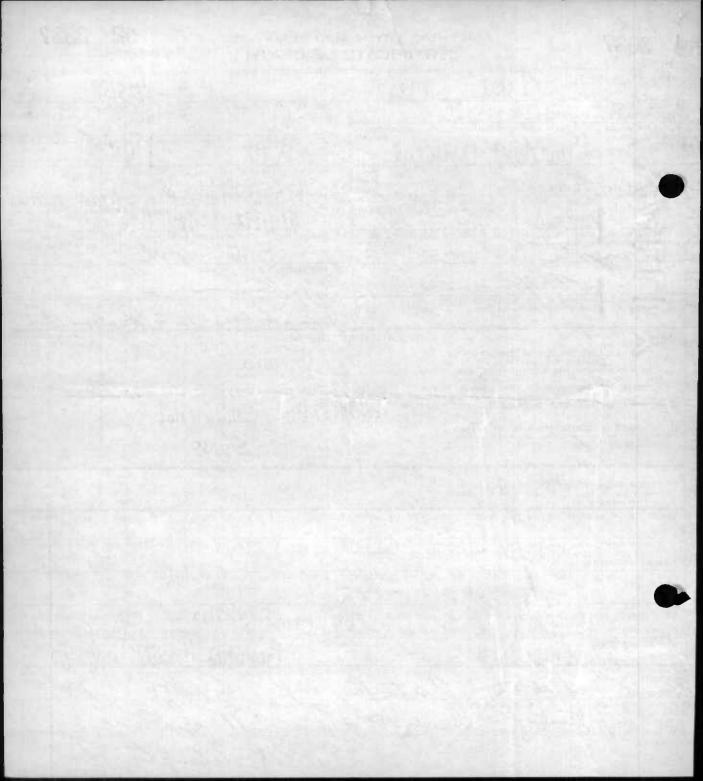
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DIPTH.	3331

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3937 Registered No.

BIRTH NO.						
I. NAME OF DEC Type or Print)		Lda	Imes		2. DATE OF DEATH	1/23/52
B. PLACE OF DEA A. Baltimore Cit	ty, Maryland	Bal	lto.	A. STATE	ICE (Where deceased li B. COUN	ved. If institution; residence TY before admission)
B. FULL NAME OF	(If not in hos	pital or instituti	ion, give street address o location		(If outside corpora	te lim ts write RURAL and give
NSTITUTION	Moura	ent H	oshital	Balto		township)
			Yrs. Mos.	D. STREET ADDRES	S (If rural, give locat	ion)
	y in Baltimore	E 7. SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In ye	ears If Under 1 Year If Under 24 Hours ay) Months Days Hours Min.
ke	colored	7	ED, DIVORCED (Specify	5/7/89	2 18	Months Days Hours Min.
OA. USUAL OCCU	JPATION (Give kind vorking life, even if retire	of 10B. KIND	OF BUSINESS OR INDUSTR'	11. BIRTHPUACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME			14. MOTHER'S MAIN	DEN NAME	
	My	Enan		Mr. Som	a	
5. WAS DECEASED	EVER IN U. S. ARM (If yes, give war or de	ED FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT	1110	2ADDRESS
	100				16/2 - oso	
18. 442	X		CAUSE			ONSET AND DEATH
L	OR CONDITION EADING TO DE not mean the mode	ATH		bremi	2	
heart failure	, asthenia, etc. It m			***************************************		***************************************
injuly of co	omplication which					
		caused death		entenino (		
DISEASES	omplication which  NTECEDENT CAI  OR CONDITIONS,	caused death USES	(B)	urtensive C	ardio renal	
DISEASES ORISE TO THE	omplication which	caused death USES , IF ANY, GIVIN A) STATING TH	(B) HAN		ardio renal	
DISEASES ORISE TO THE	omplication which NTECEDENT CAI OR CONDITIONS, E ABOVE CAUSE () NG CONDITION	caused death USES , IF ANY, GIVIN A) STATING TH	(B)		ardio renal Sisease	
DISEASES ( RISE TO THE UNDERLYIN	omplication which NTECEDENT CAI OR CONDITIONS, E ABOVE CAUSE (A NG CONDITION  II SNIFICANT CON	caused death USES , IF ANY, GIVIN A) STATING TH LAST.  DITIONS CON	(B)		ardio renal Sijeare	
DISEASES ( RISE TO THE UNDERLYIN  OTHER SIG TRIBUTING T TO THE DISE	omplication which NTECEDENT CAI OR CONDITIONS, E ABOVE CAUSE () NG CONDITION  II SNIFICANT CON TO THE DEATH, BU EASE OR CONDITION	caused death USES , IF ANY, GIVIN A) STATING TH LAST.  DITIONS CON IT NOT RELATE ON CAUSING IT	(B)		ardio renal Sisease	
DISEASES ( RISE TO THE UNDERLYIN  OTHER SIG TRIBUTING T TO THE DISE	omplication which NTECEDENT CAI OR CONDITIONS, E ABOVE CAUSE () NG CONDITION  II GNIFICANT CON TO THE DEATH, BU	caused death USES , IF ANY, GIVIN A) STATING TH LAST.  DITIONS CON IT NOT RELATE ON CAUSING IT	(B)		ardio renal Sisease	20. AUTOPSY?
DISEASES OF RISE TO THE UNDERLYING THE DISEASES OF THE UNDERLYING TO THE DISEASES OF THE UNDERLYING TO THE DISEASES OF THE UNDERLYING TO THE DISEASES OF THE UNDERLYING THE	omplication which NTECEDENT CAI OR CONDITIONS, E ABOVE CAUSE (AND CONDITION)  II SNIFICANT CONTO THE DEATH, BUEASE OR CONDITION OPERATION OPERATION OPERATION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING	caused death USES  , IF ANY, GIVIN A) STATING TH LAST.  DITIONS CON TO TRELATE ON CAUSING I' 19B. MAJOR	(B)	RATION	Siglase  (If in Baltimore	
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DISEASES OF RISE TO THE UNDERLYING TO THE DISE TO THE	omplication which NTECEDENT CAN OR CONDITIONS, E ABOVE CAUSE (AND ONE CONDITION  II SNIFICANT CON TO THE DEATH, BU EASE OR CONDITION OPERATION OPERATION ONT WAS UNDER CONTRIBUTING EATH ONTH) (Day) (Yes certify that I as	caused death USES  FANY, GIVIN A) STATING TH LAST.  DITIONS CON IT NOT RELATE ON CAUSING IT 19B. MAJOR  21B. PLA about home, f	(B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	RATION  in or 21c. WHERE DID 1 INJURY OCCUR  21f. HOW DID 1	Siglase  Of (If in Baltimore)  NJURY OCCUR?	City, give exact location)  7 19 12, that I last saw the
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DISEASES OF RISE TO THE UNDERLYING TO THE DISE TO THE	omplication which  NTECEDENT CAR  OR CONDITIONS, E ABOVE CAUSE (AND CONDITION)  II SNIFICANT CONTO THE DEATH, BUEASE OR CONDITION  OPERATION OPERATION (AND CONTRIBUTING EATH  LONG TO THE DEATH (AND CONTRIBUTION EATH  LONG TO THE DEATH (AND	caused death USES  IF ANY, GIVIN A) STATING TH LAST.  DITIONS CON IT NOT RELATE ON CAUSING F 19B. MAJOR  21B. PLA about home, f ar) (Hour) m.  ittended the , 19 \( \text{19} \)	(B)	RATION  in or 21c. WHERE DIG INJURY OCCUR  21f. HOW DID I  11 190, 190, 190, 190, 190, 190, 190, 19	Sistase  O (If in Baltimore  NJURY OCCUR?  to 423  rom the causes and  240. LOCATION (Cits	City, give exact location)  7. 19 12, that I last saw the don the date stated above.  1. 23c. DATE SIGNED
DISEASES OF RISE TO THE UNDERLYING THE DIST TO THE DIS	omplication which  NTECEDENT CAR  OR CONDITIONS, E ABOVE CAUSE (AND CONDITION)  II SNIFICANT CONTO THE DEATH, BUEASE OR CONDITION  OPERATION OPERATION (AND CONTRIBUTING EATH  LONG TO THE DEATH (AND CONTRIBUTION EATH  LONG TO THE DEATH (AND	caused death USES  A FANY, GIVIN A) STATING TH LAST.  DITIONS CON IT NOT RELATE ON CAUSING I' 19B. MAJOR  21B. PLA about home, f  attended the , 19 \( \text{19} \)  A The state of the control of the co	(B)	RATION  in or   21c. WHERE DID (NOC.)   11. HOW DID I	Sistase  O (If in Baltimore  NJURY OCCUR?  to 423  rom the causes and  240. LOCATION (Cits	City, give exact location)  City, give exact location)  1952, that I last saw the don the date stated above.  1952 DATE SIGNED  1952 State)
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16	20
2	3938
BIRTH	NO.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3938

BI	RTH NO.			CERTIFICAT	E OF DEAT	H Registere	d No.
1.	NAME OF D	ECEASED ROBE	RT	P. BROOK	5	2. DATE OF DEATH AP	rif 22,1952
3.	PLACE OF D	EATH: City, Maryland	/		4. USUAL RESID	ENCE (Where deceased lived	. If institution : residence
8. H(			al or institut	tion, give street address of location Haspily	c. CITY OR TOWN  Ballin	(If outside corpolate)	mits, white RURAL and give township)
				Yrs. Mos.		ESS (If rural, give location)	
	ngth of s	tay in Baltimore	Life	Days		iften Aus;	
	Male	white	WIDOV	E, MARRIED. VED, DIVORCED (Specify	Aug; 28,	1873 last birthday)	Months Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Cutter		P	rinting	Baltim		4.S.A
13	FATHER'S				14. MOTHER'S MA		
		ROBERT	Broo	ks	Anna Lett	ledield	
15 (Ye	, WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					Mrs. Mary	T. Brooks - 284	8 Clifton Ave.
	18. 540	0,0	T.W.	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION			1		
		LEADING TO DEA	of dying, e.	8., (A) JAL	ishwal	bludwig.	(over)
		re, asthenia, etc. It mes complication which		se,			
1947		ANTECEDENT CAUS	SES				
Z		ALL COLUMN		(B)			
TION		S OR CONDITIONS, I		NG			
<		YING CONDITION L		(C)			
FIC						-	
RTI	OTHER S	II SIGNIFICANT COND	ITIONS CO.				
W	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED			
O		F OPERATION		FINDINGS OF OPE	RATION		20. AUTOPSY?
AL		nane					YES NO
EDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e.g., farm, factory, street, office bldg.			y, give exact location)
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURE	ED 21F. HOW DIE	INJURY OCCUR?	
1	OF INJURY		-	WHILE AT NOT WHILE			
	20 71 7	110 AT A T	m.		1	2 . 4/20/	Off that I last as with
	22. I hereb	y eertify that I at	tended the	deceased from 4/	199	from the courses and	9.52 that I last saw the
	23A. SIGNA	TURE	, 19.5.2.	ana inat aeain occu	23B. ADDRESS		n the date stated above.
	Lou	lule Bo	4/10	A'A wal	marriand	General Hazz	ilal 4/22/53
2.	4A. BURIAL.	CREMA- 248. DATE	74 400	24c. NAME OF CEMETI	RY OR CREMATORY	240. LOCATION (City, to	own, or county) (State)
TI	on, REMOVAL (S Burial		52	Green Mount	Cem-	Balto., Md.	
D	ATTE PECSIVE	D BY J REGISTRAR		UREA".	25. FUNERAL DI	- A	ADDRESS
L	APREZ 4	1992 Hunt	ington	Williams, Ma	Dem.	Vickner V	+ Jais
	VS 150		0		1 2 /	Carth 1.	md.

See Document File 52-3938 answer to query
"bleeding peptic ulcer" tought to be, no autopsy permitted, however.
5/1/52 ES

623

BIRTH NO

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2 3939 gistered No. 3939

1. NAME OF DECEASED (Type or Print) 2. DATE ELIZABETH PRESTON Apr. 21, 1952 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate fimits, ve C. CITY OR TOWN RoRAL and give INSTITUTION 2200 Garrison Blvd. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. ngth of stay in Baltimore 2200 Garrison Blvd. Davs 9. AGE (In years | If Under | Year | If Under 24 Hours | Min. 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Aug. 3, 1869 female white single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland never worked 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward D. Preston Rachel Dunn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) [ (If yes, give war or dates of service) SECURITY NO. Miss Susan R. G. Preston - 2200 Garrison INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY aberr ardio-Vasculor disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED  $\overline{\mathbf{u}}$ TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 218. PLACE OF INJURY (e.g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT 1952 to am. 21 22. I hereby certify that I attended the deceased from March 19 1952 that I last saw the decressed alive on and 2/ 1957, and that death occurred at & P m., from the causes and on the date stated above. 23 LIGNA FURE 23B. ADDRESS 23c DATE SIGNED 24A. BÜRİAL. CREMA-TION, REMOVAL (Specify) 24B DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or bunty) Loudon Park Cem. Balto. Md. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR VS 150

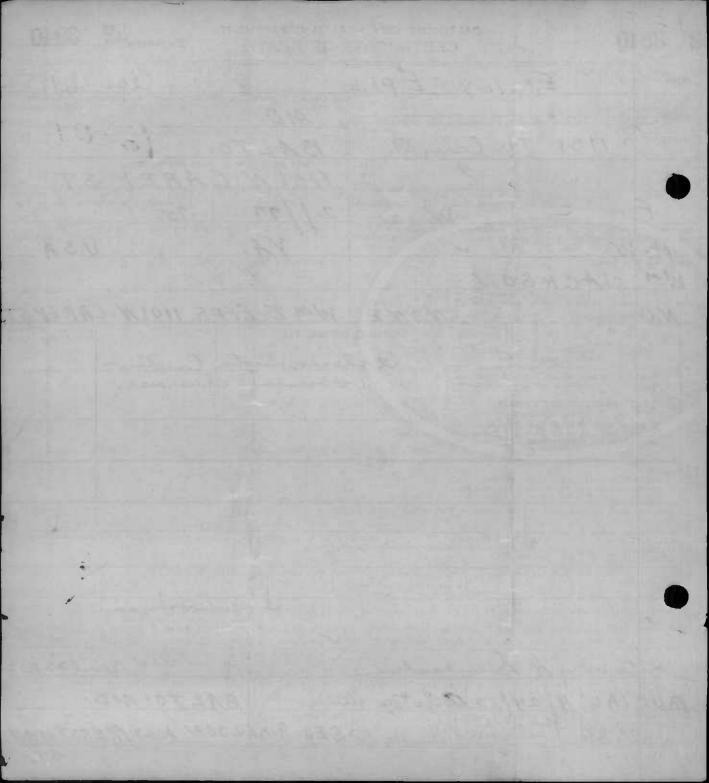
letter I secule dine Luce selletel anice framing Market of a day (1,a.i. 3 1: 1 tt & Bal Lanuer Bry ob 19/2:

### BALTIMORE CITY HEALTH DEPARTMENT

Registered-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived of institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corpora e limits, write HURAL and give INSTITUTION township) Yrs. (If rural, give location) Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED (Specify) AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours: Min. 11. BIATMPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY H.W. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) ... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factor y, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING [ CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I certify that I took charge of the remains described above, held as thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes V, accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED 23A. SISNATURE ASSISTANT MEDICAL EXAMINER .... M.D. MEDICAL INVESTIGATOR ... ..... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY ADDRESS ATE RECEIVED BY

V S 151

ADD 2 / 105



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH:
A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where decensed liver. If institution : residence B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution gife street address or HOSPITALOR location) (If outside corporate limits, write RURAL and give C. CITTOR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, gire location) Yrs. Mos. ngth of stay in Baltipapre Days 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year II Under 24 Hours Last birthday) Months Days Hours Min. arres 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY BARTENDER 13. FATHER'S NAME 14. MOTHER'S MAIDEN caware ma 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL NO L YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E, INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 195 that I last saw the 9/5 195/, to 22. I hereby certify that I attended the deceased from\_ deceased alive on 1/22, and that death occurred at 3 A m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED

W. H. 20 24A BURIAL, CREMA-TION, REMOVAL (Specify) AC NAME OF CEMETERY OR CREMATORY 24D, LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR VS 150

ADDRESS

Durid

By Townshand 142 Enger

55	0
15	8446
BIRTH	NO.3942

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3942

Registered No. 1. NAME OF DECEASED (Type or Print) William Lowman 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore City Hospitals 4940 Eastern Ave. HOSPITAL OR C. CITY OR TOWN (If outside corpora e linits, white RURAL and give INSTITUTION townshin) Bal+imore D. STREET ADDRESS (If rural, give location) Yrs. 949 Hollins S+. gth of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED DIVORCED (Specify) last birthday) Months! Days Hours! Min. White Oct. 16, 1882 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Journal Maryland 13. FATHER NAME 14. MOTHER'S MAIDEN NAME Francis Lowman Liza Botts 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yee, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. B.C.H. Records, 4940 Eastern Ave. NTERVAL BETWEEN 18. 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Bronchooneumonia one week (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO one week ANTECEDENT CAUSES probable (B) Cerebro vascular accident RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO Arterio Scherotic Heart disease RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Congestive heart failure OTHER SIGNIFICANT CONDITIONS CON. CE TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 218. PLACE OF INJURY (e. g., in or about home, farm, fectory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 2. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 22. I hereby certify that I attended the deceased from April 19 1952, to April 23, 152, that I last saw the deceased alive on April 23 1952, and that death occurred at 7:30a m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c, DATE SIGNED 4940 Eastern Ave., 24 4-23-52 REGISTRAR'S SIGNATU

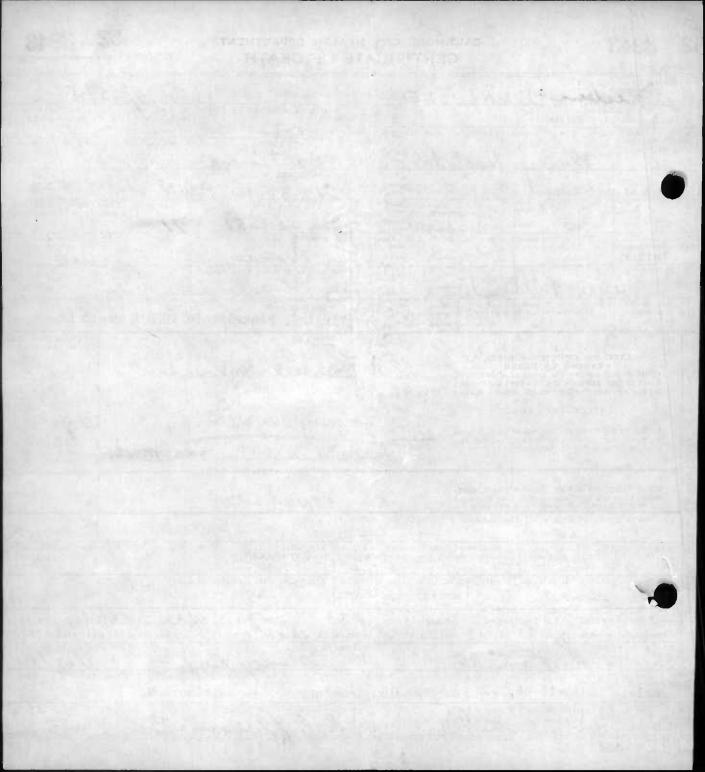
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5	3943
BIR	TH NO.
1. P	NAME OF DECE

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

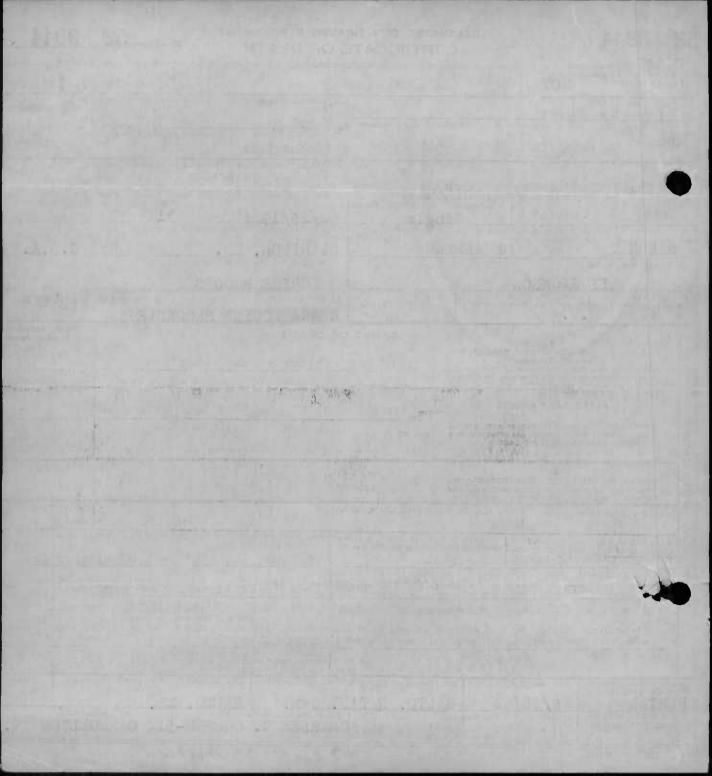
52 3943
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Propulsion: FINKLESTEIN)	2. DATE OF DEATH 4/23/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate linits, write RUPA) and give township)
mercy Nospital	pallemore
c. eigth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years   ft Under 1 Year   ft Under 24 Hours   last birthday)   Months; Days   Hours   Min.
m w marrieg.	Jan 22 1881 71
10a. USUAL OCCUPATION (Givekindof vork done during most of working life, even If retired)  INDUSTRY	M. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Tailor  13. FATHER'S NAME  GLOT (18)	Russia USA
meyer 7 inflorteni	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown)   (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS
(Yes, no or unknown) (It yes, give war or dates of service) SECURITY NO. 262-38-2981	Virginia Finkelstein 1838 W Pratt St
18. 260x and 177x CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	4: a 0 -1.
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	scardial degeneration /41?
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	0 1
DISEASES OR CONDITIONS, IF ANY, GIVING	mary myorchan /yr
RISE TO THE ABOVE CAUSE (A) STATING THE DOE TO UNDERLYING CONDITION LAST.	A 2000 to 100
(c) <b></b>	de Katay
11	
OTHER SIGNIFICANT CONDITIONS CON-	Prostato
TO THE DISEASE OR CONDITION CAUSING IT.	ATION   20. AUTOPSY?
4	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., et	
Z1D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 4	23 , 1952 to 4/23 , 1952 that I last saw the
deceased alive on 4/ 23, 19 52, and that death occur	red at 12 25m., from the causes and on the date stated above.
23A. SIGNATURE 2:	3B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA-  24B. DATE   24C. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
24a. BURIAL. CREMA- TION. REMOVAL (Specify) Burial April 25, 1952 Oheb Shalom Ce	
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS // 26 W
ADR 2 4 1952 Huntington WHI 244 M.Z	Sal Lesson & Ban Month and



## BALTIMORE CITY HEALTH DEPARTMENT

	CERTIFICATI	E OF DEATH	Registered No.	0044
OY JEROME	JACKSON		2. DATE OF April 2	20, 1952
yland		4. USUAL RESIDENCE (W. A. STATE	B. COUNTY	before admission)
klin Square I	Hospital	Catonsville		township)
ltimore 20	Yrs. Mos. Days	310 Winters Lan	e e e e e e e e e e e e e e e e e e e	00
WIDO	E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if Under last birthday) Months	
	Single	2/25/1921	31	CITIZEN OF
even if retired)	INDUSTRY		ieigh country)	WHAT COUNTRY?
F AR	MING		ME	UeDeHe
CKSON		LOUISE BROOM	KS	
U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		nters
# 2		CLARA LOUISE I	BROOKS(S)	AVE
1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
G TO DEATH	Cmichin	c injury of the c	hect	
a, etc. It means the dise	ase,	g mjury or one c.	meso	
	itn.) DUE TO			
			***************************************	
CAUSE (A) STATING				
IDITION EAST.	(C)			
II CONDITIONS CO	ON-			
DEATH, BUT NOT RELA	TED			
		RATION		20. AUTOPSY?
	LACE OF INJURY (e. g., i		f in Baltimore City, give	exact location)
F DEATH. S	treet	On Route 40, 4		nters Lane
				ila
tained by said An	tongu Inspection or	Inquiry find that said de	eccased died on the d	lay stated above.
y opinion resulted	from: natural cause	23B. CHIEF MEDICAL B	EXAMINER 🔼 23c. 🕻	ATE SIGNED
15/13N	sher "	ASSISTANT MEDICAL I	OR 4	/21/52
4B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town, or c	county) (State)
4/28/52	THE PARTY OF THE P		CO. MD.	DDRESS
H & to	Williams Mo?			OLLTON AV.
862.2	93010 2	7 Larles 4 6	vper	Land I
	ALLIN Square  Altimore  OF OR RACE OFED  O	yland not in hospital or institution, give street address or location) klin Square Hospital  Yrs. Mos. Days  Ored  (Give kind of even if retired)  (A)  CKSON  U.S. ARMED FORCES? TO DEATH The mode of dying, e.g., a, etc. It means the disease, lon which caused death.)  DENT CAUSES  (DITIONS, IF ANY. GIVING CAUSE (A) STATING THE DENT CONDITION CONSEATH. BUT NOT RELATED CONDITION LAST.  (CONDITION CONSEATH. BUT NOT RELATED CONDITION CAUSING IT. TOOM 19B. MAJOR FINDINGS OF OPER  SE WAS CONTRIB- F DEATH Day) (Year) (Hour)  1218. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., street  Day) (Year) (Hour)  1219. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., street  Day) (Year) (Hour)  1219. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., street  Day) (Year) (Hour)  1220. NAT 1  2320. NAT 1  2420. NAME OF CEMETE  428/52  BALTO. NAT 1  EGISTRAR'S SIGNATURE  HILLIAGON  ABOUT A STREET  ABOUT AND WHILE AT WORK  AND WHILE AT WORK  AND WHIL	A USUAL RESIDENCE (WATTIAN)  A STATE  AND ALL CONTRIBUTION SONDER TO DEATH  BUTTON DISTORMENT CAUSE  CAUSE OF DEATH  BUTTON DEATH  BUTTON DISTORMENT  CAUSE OF DEATH  CAUSE OF	VIAND JEROME JACKSON    2. DATE OF April 2   A USUAL RESIDENCE (Where deceased lived if institution, give street address or location)   A. STATE   APRIL 2   BALLIMOTE   BALLI

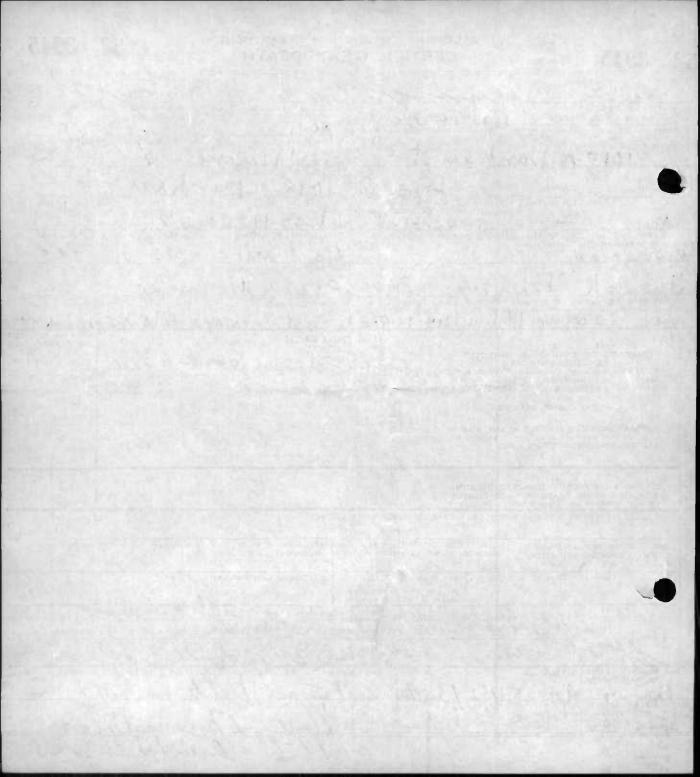


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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3945

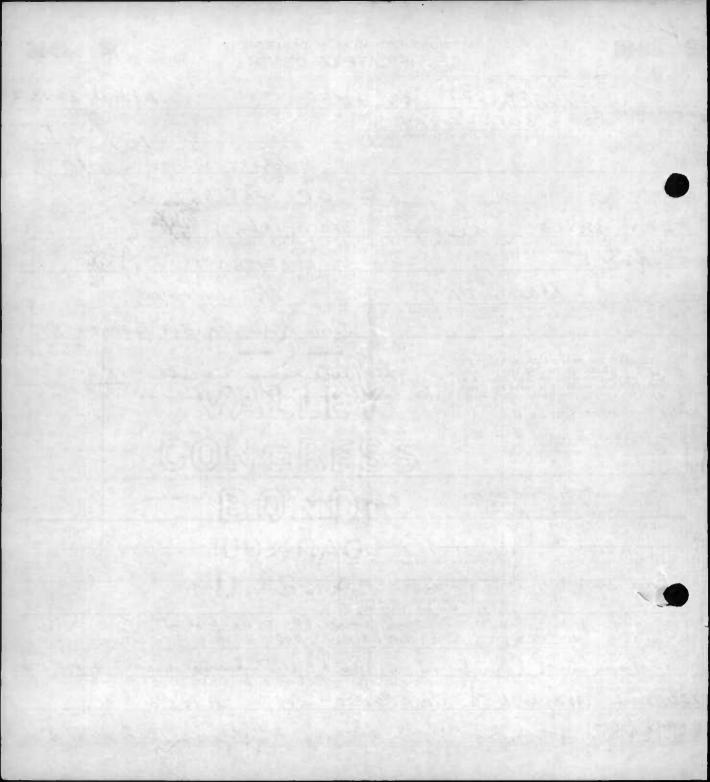
B	IRTH NOW TO	— ÇEKTI TOMTE	2 OF BEATTI		
1. (T	NAME OF DEGEASED	lemmas		2. DATE OF CALL	72-1952
	Baltimore City, Maryland	Baltimore al or institution, give street address or	4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	titution: residence before admission)
	OSPITAL OR NSTITUTION	location)	C. CITY OR TOWN (If	outside corporate limits	itelloRAL and give township)
0	1018-M.Du	r Nam-st	D. STREET ADDRESS (If	rural, give location)	township)
c	igth of stay in Baltimore	Life Mos. Days	1018-11.Du	rham s	+
5.	SEX 6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years     Und last birthday) Month	or I Yast   If Under 24 Hours s Days Hours Min.
10	DA. USUAL OCCUPATION (Givekinder		11. BIRTHPLACE (State or fo	reign country)   12	. CITIZEN OF
h	Address of working life, even if retired)	SINDUSTRY	Baltimore	- Md	Y & S
12	FATHER'S NAME	wine Pr	14. MOTHER'S MAIDEN NA		
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMEI	D FORCES? 16, SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
_	yes 2 Na World	War 214-14-9129	Joseph JENNIN	05 1018-N.D.	
	18. 422.1 DISEASE OR CONDITION		OF DEATH	15 10	ONSET AND DEATH
	(This does not mean the mode of	of dying, e. g.,	rutio 460	Lo Vasca	0
	heart failure, asthonia, etc. It mea injury or complication which of	caused death.) DUE TO	sease		40-2
Z	ANTECEDENT CAUS	GES (B)			
NOIF	DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	F ANY, GIVING STATING THE DUE TO	***************************************		
ICA	UNDERLYING CONDITION EX	(C)		•••••••••••••••••••••••••••••••••••••••	
RTIF	OTHER SIGNIFICANT CONDI	TIONS CON.			
CEF	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
AL.	19a. DATE OF OPERATION 1	9B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et	or 21c. WHERE DID (I	f in Baltimore City, give	
Σ	CAUSE OF DEATH  24D. TIME (Month) (Day) (Year)	(Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
	NJURY	m. WHILE AT NOT WHILE		0	
	22. I hereby certify hat I att		14 32 Gy		hat I last saw the
	deceased alive on	and that death occur	red at m. from the	te causes and on the	late stated above.
	117740	fuso 1. D. L	+031ned	aris At	ナンノ・シス
TIC	AA. BURIAL, CREMA- 24B/DATE ON, REMOVAL (Specify)	24c. NAME OF CEMETER	M - t 24b. Lo	CATION (City, town or	county) (State)
Di	ATE RECEIVED BY RIGISTRAN	S SIGNATURE	25. FUNERAL DIRECTOR	AL	DERESS
	APR 2 4 1952 Tunto	ington Villiacus, My	Hollandt	severel }	ane
	VS 150	690 99	1631-0	swid Hill	eve.



2 3946

#### CERTIFICATE OF DEATH Registered No. 3946 BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.				- OI DEMINI		
(T	NAME OF D 'ype or Print)	MAR	GARE	T WAG	NER	2. DATE OF DEATH A P	9 14-23-1952
3. A.	Baltimore (	EATH: City, Maryland 5			4. USUAL RESIDENCE (	(Where deceased lived, If	institution; residence before ad nission)
B.	FULL NAME	OF (If not in hospit	al or institution	on, give street address or		- 1	5-07
IN	ISTITUTION			location	c. CITY OR TOWN	If outside corporate limit	write RURAL and give
0	W/J			V		IMOKE	MD
	anth of a	tow in Daltiman		Yrs. Mos.	501 JEF		7
5.	SEX SEX	tay in Baltimore 6.COLOR OR RACE	7. SINGLE	Days . MARRIED.	8. DATE OF BIRTH		If Under 1 Year   If Under 24 Hours
-	FFM.	WHITE	WIDOWI	ED, DIVORCED (Specify	DEC 3-1862	last birthday) Mo	onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
orl	done during most o	of working life, even if retired)		INDUSTRY	P	,	WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MAIDEN		
		7 BOF	NLIE	1		KNOWN	
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES? I	16. SOCIAL	17. INFORMANT		DDDCCC
X 61	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	JOHN WAGIVE		DDRESS
1	18. LLIL	3 X	'	CAUSE	OF DEATH	CK-301 SEF	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	0,1002	or beatt		ONSET AND DEATH
		LEADING TO DEAT	TH	244	witersine	Cartro-	
	heart failu	rc, asthenia, etc. It mea complication which c	ns the disease.	. //	a	u.	***************************************
				DOE 10	The state of	7	
,		ANTECEDENT CAUS	ES	(8)			
$\tilde{2}$	DISEASES	OR CONDITIONS, IN	F ANY, GIVING	(B) B DUE TO	***************************************	**************************************	********
3	UNDERLY	ING CONDITION LA	ST.				
2				(C)		***************************************	
	OTHER	ICNIEICANE COND.	710110		bulsel	2	
1	TRIBUTING	IGNIFICANT CONDI	NOT RELATED		ebraldel	croses	0 m 25 3 150
ا (		F OPERATION . 1	A	FINDINGS OF OPER	ATION		20. AUTOPSY?
		0					YES NO
3	21A. ACCID	ENT WAS UNDER-	21B. PLAC	CE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City,	1
	CAUSE OF	CONTRIBUTING DEATH	about nome, ia	rm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
-	D. TIME (	Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F, HOW DID INJUR	RY OCCUR?	
	IIVJCAKY			HILE AT NOT WHILE			
	22. I hereby	a certifu that I att			~ 15, 1951, to C	chief 23 105	7 that I last says the
	deceased al	ive on 4/22/5-3	≥, 19, a	nd that death occur	red at 8.30Pm., from	the causes and on the	he date stated above
1	23A. SIGNAT		, 10 , 0		3B. ADDRESS	one canses and on th	23c. PATE SIGNED
	Sa	muel (	Kub	M. D.	203 Valage	es one	4/24/52
24	A. BURIAL, C	REMA- 24B. DATE pecify)	2	4C. NAME OF CEMETE	RY OR CREMATORY. 40.	LOCATION (City, town,	or county) / (State)
0	URINI	L APRIL-	26-52	HOLY CRO	SS CEM	AACO.	
DA	ATE RECEIVED	BY REGISTRAR	S SIGNATUR		25. FUNERAL DIRECTOR		ADDRESS
	APR 241	952 + +	instant V	Villiaires MS7	Temand 6 74	arla 1216	WEST LY.
	VS 150	1 1000	7				



256	ALTIMODE CITY HE	EALTH DEPARTMENT	52	3947
52 3947 BIRTH NO.	CERTIFICATI		Registered No	
1. NAME OF DECEASED (Type or Print)	N Dix M	ER	2. DATE OF H- V.	3-5>
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution : residence before admission)
B. FULL NAME OF (If not in Vospital or institution)  B. FULL NAME OF (If not in Vospital or institution)  B. FULL NAME OF (If not in Vospital or institution)  B. FULL NAME OF (If not in Vospital or institution)	dution, give street address or location)	100114	outside corporate limits,	write HURAL and give township)
ength of stay in Baltimore	45 Yrs.	o. STREET ADDRESS (If	rural give location)	
MALE white "2	DWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug 70- 1818		det I Year II Under 24 Hours hs: Days Hours Min.
100 L I ARPEN ER Whol	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF WHAT COUNTRY?
STEPHEN FIXM	ER TOOLS (M)	MAGIC -	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or dokown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	95 A DELLE PAR JO	e 2606 /m	ith AVE
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused dead and the complex of the comp	YY P. g., (A) Pase, ath.) DUE TO  (B) (C)  ON-	yferterse	lusion Lamos Landio -	INTERVAL BETWEEN ONSET AND DEATH
TO THE DISEASE OR CONDITION CAUSING		ATION	<u> </u>	20. AUTOPSY?
LYING OR CONTRIBUTING about hom	LACE OF INJURY (e. g., in ne, farm, factory, street, office bldg., e		f in Baltimore City, giv	re exact location)
210. TIME (Month) (Day) (Year) (Hour) FINJURY m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
22. I hereby certify that I attended the deceased alive on 1 1951	= and that death occur	red at 9 4 m., from the 3B. ADDRESS Aufold	he causes and on the	that I last saw the date stated above.  23c. DATE SIGNED
24 BURIAL, CREMA- 248, DATE TICH REMOVAL (Specify) 4- X	SLEN HAV	RY OR CREMATORY 240. L	CATION (City, town, or	(State)
DATE RECEIVED BY REGISTRAR'S SIGNAL APR 24 1952 Huntington	Williams My	25. FUNERAL DIRECTOR	Water	ADDRESS
VS 150	635 34	3514 Dre	deriet !	ang

195 SERVICE SERVICE AND SERVICES Strange Barret and a manager of the contract of the second 18 18 - N and the second was a second of the 

1	1	36	0				
-	2	3	94	18			
BIRTH NO.							
ı	1.	NAME	OF	DECEASED			

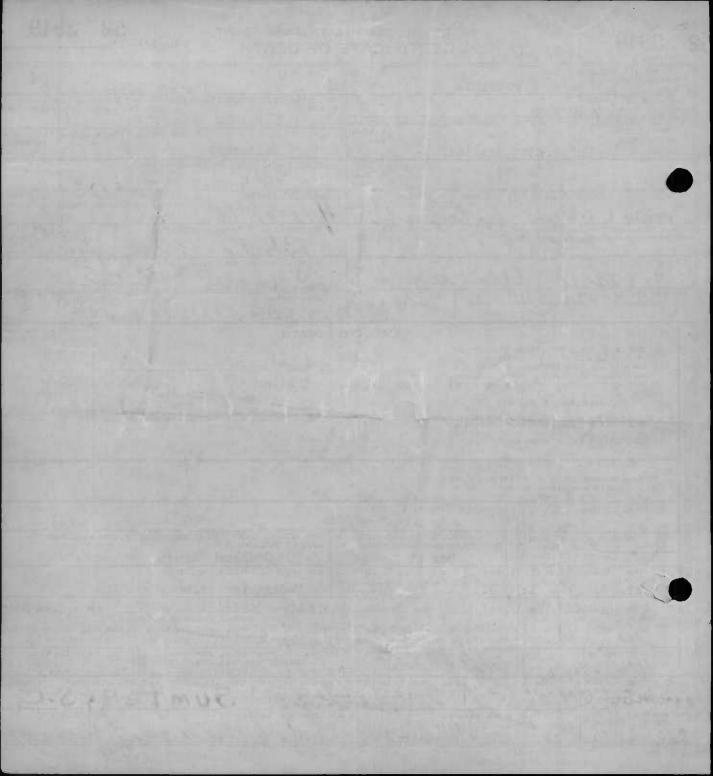
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3948 Registered No.

(Type or Print)		Isa Story				OF DEATH	Apr :	23	1952
3. PLACE OF DEATH: A. Baltimore City, I			+   4	. USUAL RESIDE	NCE (Where		lived. If in	stituti	
B. FULL NAME OF		institution, give stre		Maryl	and	B. COU!	NIT		erore admission)
HOSPITAL OR		ritan Hos	location)	CITY OR TOWN		ide corpor	te limits,	write)	RURAL and give township)
00	27 N. Car	ev St		Bal	timore		0		township)
			40 Yrs. Mos.	STREET ADDRE	SS (If rura	l, give loca	tion)		
c			Days	27 N.Ca			11		
		SINGLE, MARRIED WIDOWED, DIVORO WIDOW	SED (Specify)	use 30//	874	77	lay)   Mont	hs Da	Hours Min.
IOA. USUAL OCCUPAT	ION (Give kind of 10)	B. KIND OF BUSIN	ESS OR 1	BIRTHPLACE (S	tage or foreig	n country)	1:		TIZEN OF
Housewife	Trape and the second second			North	Caroli	na			
13. FATHER'S NAME			1.	MOTHER'S MA	IDEN NAME			7/1	
Qu1	nton Stal	lings		Elvir	a Perr	Y			
15. WAS DECEASED EVER Yes, no or unknown) (If ye	IN U, S. ARMED FOR		RITY NO.	. INFORMANT			ADI	DRESS	5
				Ruth A.Mc	Grail	Edgew	rood	Md	
18. 422.1			CAUSE OF	DEATH					ERVAL BETWEEN
	CONDITION DIR	ECTLY							and DEATH.
(This does not m	ING TO DEATH	ring, e. g., (A) .	AR	TEALOS.	CLERO	510	CAR	dil	_
heart failure, asth	enia, etc. It means the cation which cause	ne disease, ed death.) DUE To	all	SCULAR	0 0	cca	CC		
ANTE	CEDENT CAUSES		0140	COLNA	101	JEN.	2 E		
(B) E HE MA PLESIA RION									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO									
ONDERENTIAL EAST.									
(c) SENILE PSYCLOSIS									
	OTHER SIGNIFICANT CONDITIONS CON-								
TRIBUTING TO THE	***************************************								
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER				ION				20   YE	O. AUTOPSY?
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)   21B. PLACE OF INJURY (e. g., in bout home, farm, factory, street, office bldg., et				in or   21C. WHERE DID (If in Baltimore City, give exact location)					
I HOMICIBE (Spec	1115011 00001								
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED 21F. HOW DID INJU					INJURY O	CCUR?			
NONT	MILE AT NOT WHILE AT WORK AT WORK								
22 I herehu cent									
	deceased alive on 4. 1952, and that death occurred at 22 m., from the causes and on the date stated above.								
23A. SIGNATURE	-1/			ADDRESS			/		DATE SIGNED
1 (/00	In D	Hamel	M. D. 7	11 Chi	un C	220	9/	4	23/02
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24B. DATE	24c, NAME	OF CEMETERY	OR CREMATORY	24D. LOCA	TION (Cit	y, town, or	r count	ty) / (State)
Burial	Apr 25 1	952 New	Cathedr	al /	Balt	imore	e Md		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SI			UNERAL DE	ECTOR	V		ADDR	ESS
APR 24 1052	Hunting	ton William	A MAN	Varry 1.0	Musco	120	04 R1	dge	WOOD AV
VS 150	8		0, 1	Mill	2	-1-1			

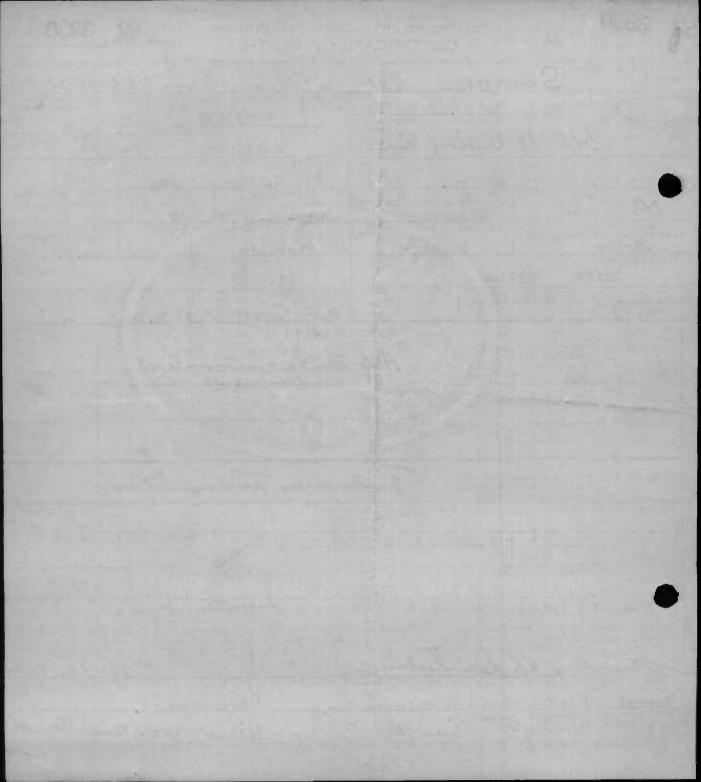
9 Charmy Come &

14	125	BALTI	MORE CITY HE	ALTH DEPARTMENT	52	3949	
F.	391948-08 RTH NO. 48-08	148 C	ERTIFICATE	OF DEATH	Registered No		
1.	NAME OF DECEASED	7 7 0			2. DATE		
(T	ype or Print)	PATRICIA	WILS	ON	OF	22, 1952	
	PLACE OF DEATH: Baltimore City, Marylan	d		4. USUAL RESIDENCE (Wh	ere deceased lived, If ins	stitution : residence before admission	
В.	FULL NAME OF I'f not in	hospital or institution,		Maryland			
	SPITAL OR STITUTION		location)		utside corporate limits	writt HURAL and giv township	
	Univers	sity Hospital	Yrs.	Baltimore  D. STREET ADDRESS (If ru	mal give location)		
	ength of stay in Baltim	ore	Mos. Days	505 Orchan	_	1-01	
5.	SEX   6. COLOR OR F	RACE   7. SINGLE. N	ARRIED.		9. AGE (In years) If Un	oder 1 Year   If Under 24 Hour	
	Female Colored		DIVORCED (Specify)	#/15/48	last birthday) Mont	hs Days Hours Min	
10 work	A. USUAL OCCUPATION (Give doneduring most of working life, eyon if	kind of 10B. KIND O	BUSINESS OR	1 BIRTHPLAGE (State or for	eign country)   1;	2 CYTIZEN OF	
		red		Baeto.	ma	U.J.a	
13	THER'S NAME	1,1.0		14. MOTHER'S MAIDEN NAM	ME	11/	
1 55	WAS DECEASED EVER IN U. S.	ARNED SORCES?	6. SOCIAL	Treve	Coco	y	
(Ye	, no or unknown) (If yes, give war	or dates of service)	SECURITY NO.	17. INFORMANT	1:0 ADE	DRESS 5 05	
	· 6012 1		1000	yarrus u	MARADO	Onchan	
	18. E812, 4		CAUSE (	OF DEATH		ONSET AND DEAT	
	DISEASE OR CONDIT	DEATH	Perit.	oneal hemorrhage			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO PUPTURE OF LIVET						
	ANTECEDENT CAUSES						
2			(B)	***************************************	•••••	***************************************	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
∢	UNDERLYING CONDITIO	ON LAST.	(C)		***************************************		
FIC	11						
RTI	OTHER SIGNIFICANT C	BUT NOT RELATED					
CE	19A. DATE OF OPERATION	19.70	NDINGS OF OPERA	ATION		20, AUTOPSY?	
ارا						YES X NO	
ICA	21A. EXTERNAL CAUSE WA	1 2 . 2 . 4	OF INJURY (e. g., in factory, street, office bldg., et	or 21c. WHERE DID (If c.) INJURY OCCUR?	in Baltimore City, give	e exact location)	
EDI	UTING   CAUSE OF DE		reet	500 Orchard S		17/1	
Σ	21D. TIME (Month) (Day) (OF INJURY	, , , , , , , , ,	. INJURY OCCURRE				
		1:30 P.m.   wo	RK L AT WORK	7 14 7			
	22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy. Inspection or Inquiry						
	the evidence obtaine	d by said Autops	y, Inspection or In	iquiry, find that said dec	eased died on the	day stated above	
	23A SIGNATURE	nion resulted from	n: natural causes	, accident A, suicide		DATE SIGNED	
	William (	South	M.1	ASSISTANT MEDICAL EX	AMINER	ril 22, 1952	
20	BURIAL, CREMA- 248.	TE 240	NAME OF CEMETER		CATION (City, town, or		
1	emous 4/2	6/52 5	FIRE STEEL	WESTERN DI	IMTER	55000	
	TE RECEIVED BY REGIST	RAR'S SIGNATURE		25. FUNERAL DIRECTOR	A CA	DORESS ,	
A	PR 241852 Thui	inglow With	LALLIA- MER!	Yell Holes	lead 14	Thruds	
V	S 151 N86	4.2			Hill	arch	



CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, It institution: residence 3. PLACE OF DEATH: A Baltimore City, Maryland A STATE B. COUNTY before admission) Balto. Maryland Balto City

(If not in hospital or institution, give street address or Marvland B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. gth of stav in Baltimore 515 N. Central Davs 9. AGE (In years If Under I Year If Under 24 Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) July-31-1889 Widowed 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Porter Tneater Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Brice Bolling Eliza 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO Mary McNeil INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) Tulmonay Tubecculosis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK I certify that I took charge of the remains described above, held and thereon and from Altopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses , accident , suicide , homicide , undetermined 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER
M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Mt Calvery Cem-Brooklyn ADDRES DATE RECEIVED BY REGISTRAR unturslow V S 151



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3951

BIRTH NO. CERTIFICATI	E OF DEATH Registered No	
1. NAME OF DECEASED (Type or Print) Charles William Martin	2. DATE OF DEATH 4-22-52	
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If instit A. STATE B. COUNTY	ution : residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore City Hospitals location) 4940 Eastern Ave.	C. CITY OR TOWN (If outside corporate limits, wri	te RURAL and giv township
ength of stay in Baltimore 12 yrs.  Mos. Days	635 W. Hoffman St1	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  Married	Dec. 20, 1911 40	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY
Charles Martin (D)	14. MOTHER'S MAIDEN NAME Lattie Robinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	B. C. H. Records, 4940 Eastern	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO Hypert	Colitis ensive, Arteriosclerotic Cardio	over 1 yr
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER. U 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	or   21c. WHERE DID (If in Baltimore City, give e	20. AUTOPSY? YES No xact location)
CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  m. WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from		at I last saw th
deceased alive on April 22, 19 52, and that death occur	red at 1.2 Campn., from the causes and on the da	te stated above C. DATE SIGNED -23-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)  Burial  DATE RECEIVED BY REGISTRAR'S EIGNATURE  LOCAL REGISTRAR  TION, REMOVAL (Specify)  APR 26 1952  NT. AUBURN  THE STRAK'S EIGNATURE   BALTINORE, NARYLAND.  25. FUNERAL DIRECTOR  Withouses G. Thursley - 5780	The -	

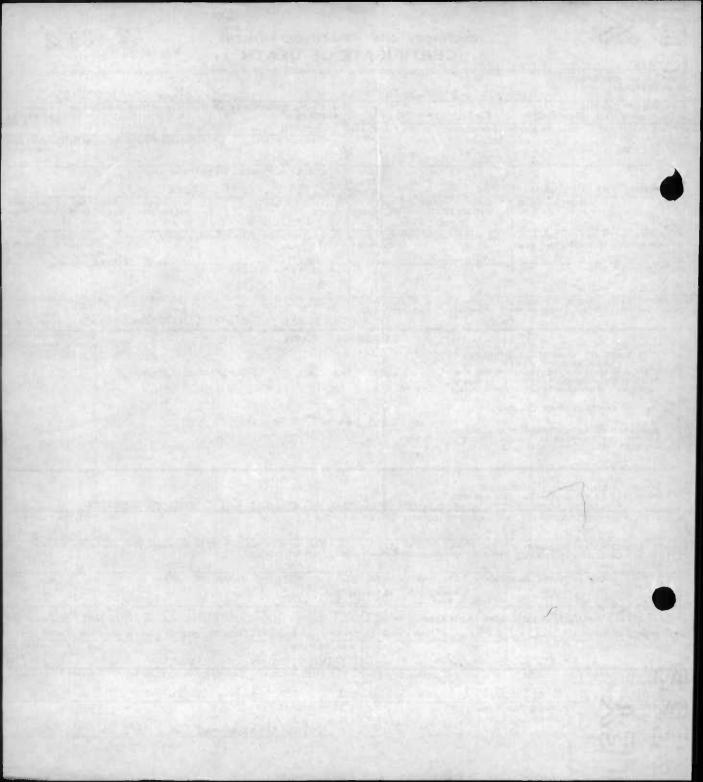
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	Colored States S		
E E The South		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mary Francis

52 3952

### BALTIMORE CITY HEALTH DEPARTMENT

52 3952 Registered No.

BIRTH NO.	- OI BEATH
1. NAME OF DECEASED (Type or Print)	2. DATE
Crombie, Blanche Marie	DEATH April 23, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
St. Joseph's Hospital	Baltimore 206 township)
Yrs.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Life Mos.	1715 N. Wolfe Street #13
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year last birthday) Months: Days Hours Min.
Female White Widow	March 8 1880   last birthday)   Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired)	WHAT COUNTRY?
Housewife Own home	Maryland   76.4.
	Annie Devlin
John O Donnell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Mrs Viola Nelson (Daughter) 1715 WolfeSt
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	intova lectum
TO THE DISEASE OR CONDITION CAUSING IT. A DETROCAL TO THE	ma of colon: Carcinoma of rectum
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	
April 9, 1952  21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Apr.	il 6 , 1952, to April 23 , 1952, that I last saw the
deceased alive on April 23, 19 52, and that death occur	red at 1:20pm., from the causes and on the date stated above.
23A. SIGNATURE / 2	3B. ADDRESS 23c. DATE SIGNED
4 Joseph Melai M.D.	1h00 N. Caroline Street   April 23, 152
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETER	
Burial 9 April 26 1952 New Cathedra	
DATE RECEIVED BY RECHETBAR'S SIGNATURE.	25. FUNERAL DIRECTOR ADDRESS  1. Melville Venkins 2713 Wirk ave.
4	



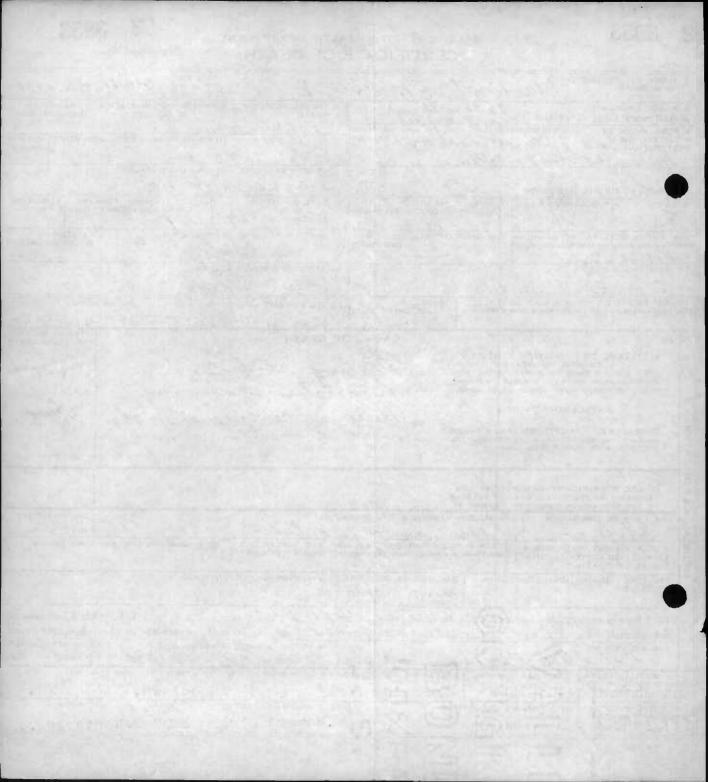
52 3953

G. Howard Strong 3207 W. North Ave.

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Marquart Elizabeth B (Type or Print) OF DEATH ! 3. PLACE OF DEATH:

A. Baltimore City, Maryland General Hospital

B. FULL NAME OF (If not in hospital or institution, give street address or 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission) MARYLAND HOSPITAL OR South Baltimore General Hop to Gration) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1713, light street, Rallin DALTIMORE D. STREET ADDRESS (If rural, give location) Mos. 3409 WALBROOK AVE. ngth of stay in Baltimore Days 9. AGE (In years | | Under | Year | | Under 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ESSIE CHARLES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown) (If yes, give war or dates of service) DNC INTERVAL BETWEEN CAUSE OF DEATH OX ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE FICATI UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE, OF OPERATION YES V Carcinoma (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (te. g., in/or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) F INJURY NOT WHILE WORK 4/22/ , 195 that I last saw the 4/5 1952 to 22. I hereby certify that I attended the deceased from\_ deceased alive on 4/24, 1956, and that death occurred at 5.20 fm., from the causes and on the date stated above. 238. ADDRESS South Rallimore 23A. SIGNATURE Several Hospital, 1213 49ld ST. april 21. 1850 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Entombment 248, DATE 4-25-1952 Lorraine Park Woodlawn, Md. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE



#### 52 3954 BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered 52 3954

BI	895°	4		CERTIFIC	ATI	E OF DEATH	Regist	ered No	0002	
1. (T	NAME OF D ype or Print)	ECEASED	RACHEL	ANN YOUNG			2. DATE OF DEATH	lpr. 22	, 1952	
A. B.	PLACE OF D Baltimore ( FULL NAME DSPITAL OR ISTITUTION	City, Maryland 91	7 N. Kr	on, give street addr	ess or	4. USUAL RESIDENCE A. STATE Md.  C. CITY OR TOWN Baltim	(Where deceased line)  B. COUN  (If outside corpora	ived. If instit	tution : residence before admissio	ive
c.	ength of s	tay in Baltimore	23		Yrs. Mos. Days	o. STREET ADDRESS				
	female	6. COLOR OR RACE	widow	MARRIED. ED, DIVORCED (S lowed		8. DATE OF BIRTH Aug. 31, 1865		ay) Months	Days Hours Mi	n.
ori	house		at ho	OF BUSINESS C		Baltimore, Coun			CITIZEN OF WHAT COUNTR	Y
13	. FATHER'S N		Shepper	d		14. MOTHER'S MAIDEN	el Ensor			
15 Yes	. WAS DECEASE , no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY I	٧٥.	17. INFORMANT John Young - 8	son - above	ADDRI	ESS	
ERIIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEA' i not mean the mode of re, asthenia, etc. It meal complication which of ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA II GIGNIFICANT CONDITION IS THE DEATH, BUT ISEASE OR CONDITION	TH if dying, e. g ns the disease aused death SES FANY, GIVIN STATING TH. ST. TIONS CON NOT RELATE	GE OUE TO	ar uc ue	en of Breat	ú- trt/- u-breu	-	Tyu-	
CAL		PENT WAS UNDER	21B. PLA	FINDINGS OF	(e. g., it	or   21c. WHERE DID	(If in Baltimore	City, give e	20. AUTOPSY? YES NO Paract location)	V
TIC	CAUSE OF TIME INJURY  22. I hereb	y certify that I attlive on TURE, CREMA. 248. DATE Apr. 25.	(Hour) m. ended the 195 1952 s signatu	deceased from and that death and that death and that death and that death and the and	while work cour	21F. HOW DID INJ	the causes and the causes are the causes and the causes are the ca	d on the do	C. DATE SIGNE	ve.
	VS 150	Ü		460		13 63				

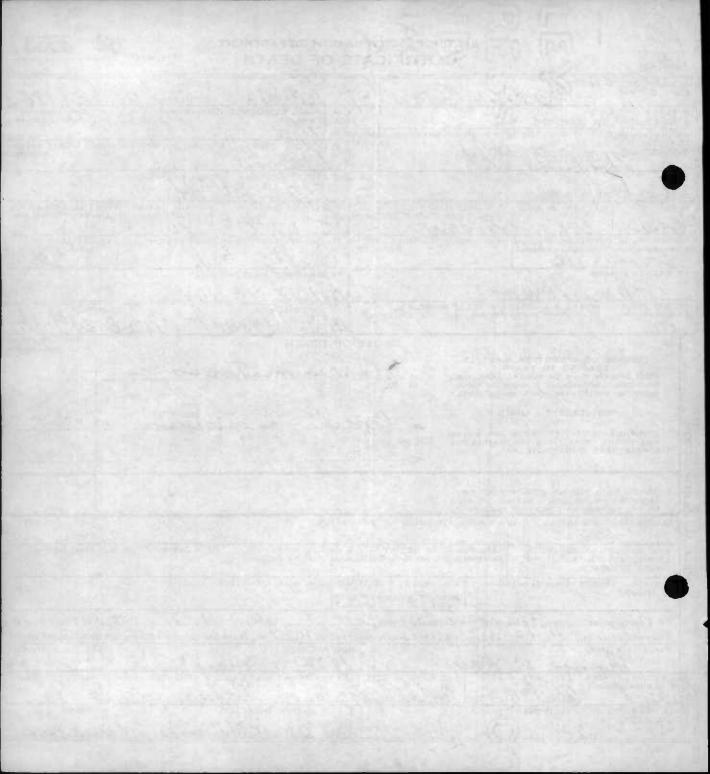
CEPT OL THE A conservation of the same Bottom A. T. William 2377 446 . 1974 . The same of the har was three district to the court of the c 

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3955

1.	NAME OF DECEASED A	/ / 2. DATE / .	7
	Type or Print) // a MION STENIANT	Lewis DEATH/TONI	20,1959
Α.	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst a. STATE	titution residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		-0
11	OSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, y	township)
-6	Yrs.	b. STREET ADDRESS (If purel, give location)	as.
c.	Length of stay in Baltimore Mos. Days	7/26.2/4.1.	
	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		s: Days Hours Min.
40	Male Col. Widow	VC1.28/1905 46	
	DA. USUAL OCCUPATION (Give kind of Advanced Line of Business or INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	. CITIZEN OF WHAT COUNTRY?
	LOMES TIC	14 MOTHER'S MAINEN NAME	K.SR
12	Tahu Ctours 47	14 MOTHER'S MAINEN NAME	
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL	TI INFORMATI	DECC .
	(If yes, give wer or dates of service) SECURITY NO.	Alino Stewart 719 6	2/4.14
	18. / ) 4 X . CAUSE	OF DEATH	INTERVAL BETWEEN
	DISPASE OR CONDITION DIRECTLY		ONSET AND DEATH
	(Inis does not mean the mode of dying, e.g., (A)	remomatoris	?
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES		2
NO O	DISEASES OR CONDITIONS, IF ANY, GIVING	anona of lesus	
YE!	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
ICA	(C)		
TIF	OTHER CICALETCANT CONDITION		
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING IT		The state of
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS 'OF OPER	RATION	20. AUTOPSY?
CAL	0		YES NO P
EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in about bome, farm, factory, atreet, office bldg., cause of Death	in or 21c. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	e exact location)
3	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
1	WHILE AT NOT WHILE M. WORK AT WORK		
	22. I hereby certify that I attended the deceased from I	11 , 1952, to 4-20 , 1952, t	
	deceased alive on 4-10, 1952, and that death occur	rred at <b>#:252</b> m., from the causes and on the c	
	Manus W. Harris M. D.	1824 112. Frankli St 2	4-22-52
2	4A. BURTAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 340. LOCATION (City, town, or	county) (State)
1	usial Upril 25,1952 Northample	n Co. Va. Vortkamplan Co	o. Va.
-0	ATE RECLIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AI	DDRESS 322 K
	APR 24 1952 11 A TO MANIGUES MES.	Then Yete Or allling Alexander	41.1 St.
_	Superior Manager	THE MANUELL THE MANUELL PROPERTY OF THE PARTY OF THE PART	War I

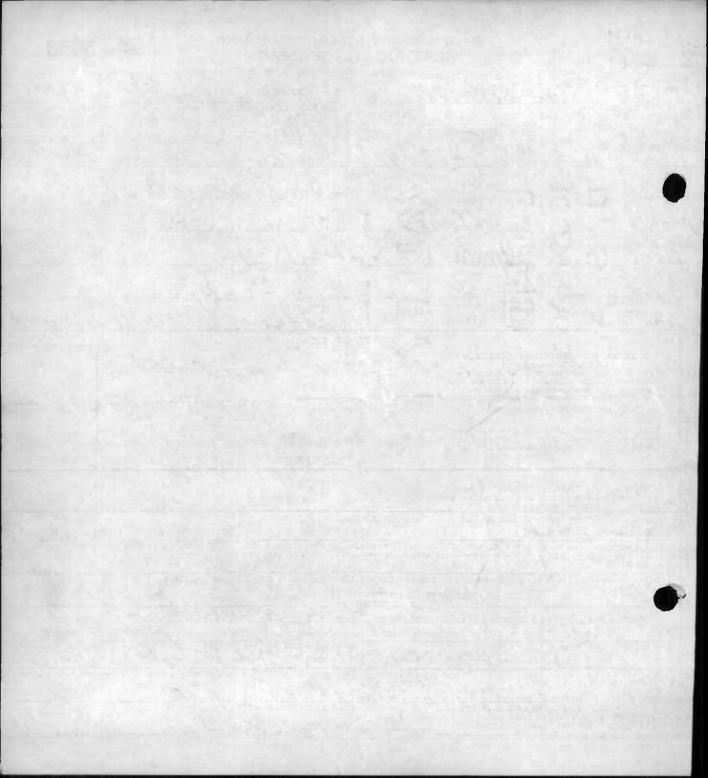


#### 2 5 LO 2 SIRTH 39.56

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 3956

BIRTH NO.	
1. NAME OF DECEASED Sarah Blivia	JONES 2. DATE april 2/-1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATA
B. FULL NAME OF (If not in hospital or institution, give street address or location INSTITUTION  2391. Car/tox8t.  Yrs.	
ogth of stay in Baltimore Mos.	282 / Cap/ton St
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify WIGOWED)	Qc7.31,1909 42
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRY OF COLUMN AND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Allen T. Smith	ALICE DOM DV
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	ALICE FULCHUM 232NCarlton St.
DISEASE OF CONDITION DIFFCTIVE	Noma in abdorui
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg., CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR  NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 19, and that death occur	rred at 3 a. m., from the causes and on the date stated above.
1 / Johnsoym. D.	405 me Carl By 23c. Date SIGNED
Survey (Specify) Cour 25-1952 7/15 (BUVILLE)	RY OR CREMATORY 240, LOCATION (City, fown, or county) (State)
Date received by Pregistrary Signature,	Mrs Ketter R. Williams Infrager
VS 150 7546	M

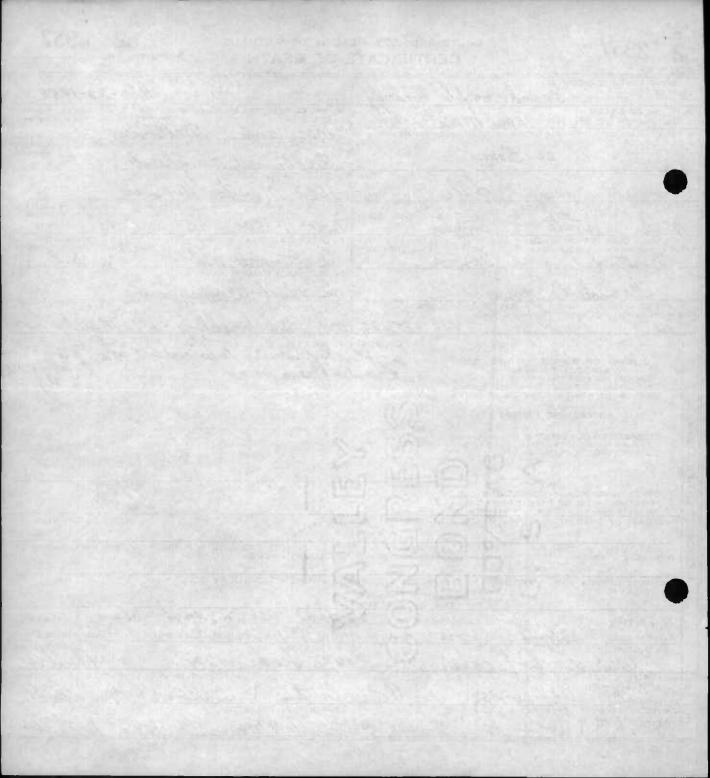


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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3957 Registered No.

BIRTH NO.				
1. NAME OF DECEASED Frank Joseph	Knauff		OF DEATH Apr-2	3-1952.
3. PLACE OF DEATH: A. Baltimore City, Maryland 1502 make	iter ave.	4. USUAL RESIDENCE (W	here deceased lived. If insti	tution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, a HOSPITAL OR		maryland c. City of Town (If	outside corporate limits wi	ife RUBAL and give
INSTITUTION of Frome		Bolt may b	ronulandi 4	township)
2.0		D. STREET ADDRESS (If r	ural give location)	
c. Length of stay in Baltimore Offe	Mos. Days	1502 Malste	Whenue	
5. SEX 6. COLOR OR RACE 7. SINGJE, M. WIDOWED,	DIVORCED (Specify)	None - 11- 1900	9. AGE (In years Months last birthday) Months	1 Year H Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF		1. BIRTHPLACE (State or for		CITIZEN OF
Barten deal Janear	INDUSTRY	Baltimore. M	nd.	WHAT COUNTRY?
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	ME	
Francis J. Knauff		Bridget Bs	nashan	V
15. WAS DECEASED EVER IN U. S. ARMED FOR EST (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	7. INFORMANT VIN. C.M. Schmet	Plina - 1502 M	slater ave.
18. O O Y X  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH	CAUSE	Survey Tu	berenlosis with	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO			*//
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)			
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO			
<u>U</u>	(6)			
OTHER SIGNIFICANT CONDITIONS CON-	(©)			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	***************************************	****	•••••	
19A. DATE OF OPERATION 19B. MAJOR FIN	DINGS OF OPERA	TION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE,   21B. PLACE	OF INJURY (e. g., in o	r 21c. WHERE DID (I	f in Baltimore City, give	YES NO NO
HOMICIDE (Specify) about home, farm, f	actory, street, office bldg., etc.		m Darianote City, give	
INJURY	INJURY OCCURRED	21F, HOW DID INJURY	OCCUR?	
m. WHILE			/ /	
22. I hereby certify that I attended the dec	eased from 22.	April , 1952, to 23		eat I last saw the
		ed at 9 Pm., from the ADDRESS		ate stated above.  BC. DATE SIGNED
23A. SIGNATURE	238	28 Huller	For 2	y tails
24A. BURILL CREMA- 24B. DATE 24C. TION REMOVAL (Specify)	NAME OF CEMETER	OR CREMATORY 24D. LO	OCATION (City, town, or c	ounty) (State)
Bureal abr-26-1952	St. Peters	Cemetery B	alteriory, Ma	ruland
DATE RECEIVED BY REGISTRAR'S SIGNATURE	1. 1800	5. FUNERAL DIRECTOR		PRESS
MIRZ 1304 Huntington Val	walle, Noy 250	ewarr 1 11000x	V 10., 100 W.	with un
Vs 150	750 GM		City #1.	



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52	1	3958	3		
BIRTH	NO.	52	-0	6	331

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3958 Registered No .\_\_

1. (T	NAME OF DECEASED Baby Boy Maddus	(James Lews) 2. DATE OBIL 23 195:	2
Α.	PLACE OF DEATH: Baltimore City, Maryland 13 4 hur.	4. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY before admissions and the contract of the	
H	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL, and g township	
-	Yrs.	D. STREET ADDRESS (If rural, give location)	
C.	Length of stay in Baltimore Mos. Days	402 stathrne Rd.	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years Months Days Hours Months Days Hours M	ours lin.
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY	RY?
13	FATHERS NAME H. Maddup	14. MOTHER'S MAIDEN NAME	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS  JOHNS HOPKINS HOSPITAL	=
TIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	of DEATH INTERVAL BETWE ONSET AND DEA	
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19a. DATE OF OPERATION 19a. MAJOR FINDINGS OF OPER	ATION 20. AUTOFSY YES NO	
FDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c		
2	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING MAILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from 3	, 13 , 10 , 10 , 110 , 1101 1 1031 8010	the
		red at 10.35 m., from the causes and on the date stated about the stated a	
TI	AL BURIAL, CREMA- 248. DATE 246. NAME OF CEMETE 24C. NAME OF CEMET	Marshall - Va.	te)
	APR 2 4 1952 Redictar's Signature APR 2 4 1952	Stewart Mowen Co. 108 W. Morth	a

VS 150

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BIR	39	59

# CERTIFICATE OF DEATH

egistered No. 3959

BI	RTH NO.			OLIVIN TOXII					
	NAME OF D		11 1/11	RKARD		2. DATE OF	1/22/02		
(Type or Print) HENRY W. HUBBARD  3. PLACE OF DEATH:							ed. If institution: residence		
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or					A. STATE MD.	B. COUNT	'Y before admission)		
HC	SPITAL OR STITUTION	OF (II not in nospit	ai or ansorout	location)	c. CITY OR TOWN (If outside corporate limits, write RVRAL and g townsh				
6	2	913 EUT	AW Y	LACE	BALTI	MORE	101		
	4.17		1	Yrs. Mos.	- 1	55 (If rural, give location	4. —		
	Length of s	tay in Baltimore	LIFE	Days	8. DATE OF BIRTH	1 9 AGE (In yes	rs   If Under 1 Year   If Under 24 Hours		
		6. COLOR OR RACE	4 . 1	MARRIED, ED, DIVORCED (Specify)	@/9/187	last birthday	Months Days Hours Min.		
_	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF		
work	done during most o	of working life, even if retired.		INDUSTRY	MP		WHAT COUNTRY?		
13	IREMAN.	RETIRED	IDACTO.	FIRE DEPT.	14. MOTHER'S MA	IDEN NAME	10.2.77.		
4	ENRV	C. HUBB,	ARD		MARGARE	T LENTZ			
15	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS		
DI C	, no or unknown)	(11 yes, give war or day	58 Of 861 4100)	SECURITY NO.	CAROLINE A	IANAN 3929.	AUDSON ST.		
	18. / 4	(8 X .		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OF CONDITION DIRECTLY								
	(This does	not mean the mode	of dying, e.g	., (A) Can	eer of th	e throat	6 months		
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heartfailure, asthenia, etc. It means the disease, injury or complication which eaused death.)  DUE TO								
	ANTECEDENT CAUSES								
Z									
TION	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	IE DUE TO					
CA	UNDERLYING CONDITION LAST. (C)								
LE		П		Chronic	circhosis o	of the liver	years ?		
ERT	OTHER S	IGNIFICANT COND	NOT RELATE			io-scleroais	· Years?		
Ö		ISEASE OR CONDITION		FINDINGS OF OPER			20, AUTOPSY?		
J.	19A, DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OFE	ATTON		YES NO		
EDICA	21a. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give								
ED	LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?								
Σ	D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?								
L	INJURY	INJURY  MHILE AT NOT WHILE  AT WORK  AT WORK							
	22. I hereh	22. I hereby certify that I attended the deceased from 2000. 1949, to fine 23, 1958 that I last saw th							
	deccased alive on 12 23, 1952, and that death occurred at 150 m., from the causes and on the date stated a								
	23A, SIGNA				38. ADDRESS		23c. DATE SIGNED		
_	tra	ul U. O.	den.	M. D. 24C. NAME OF CEMETE	2701 4. G		town, or county) (State)		
	4A. BURIAL.	Specify) U/O//	100-		PARK	BAITO	MD		
	ATE RECEIVE	D BY   REGISTRAF	'S SIGNATU	JRE LOUDON	25 FUNERAL DIR	ECTOR	ADDRESS		
	OCAL REGIST	TRAR	+ 1	NIII:	March 4	Hollmann	1639 9. Broader		
=	APR 24	7952 Thurs	James !	ALLIA TUB- PIDE	The same of the sa	1 1 man	0		
	VS 150		/)						

2 3960

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3960

1. NAME OF DECEASED (Type or Print) Edna E. Frantum	2. DATE OF DEATH April 22,1952							
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY helore admission)							
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits) write RURAL and give							
INSTITUTION	township)							
1722 Darley Ave.	D. STREET ADDRESS (If rural, give location)							
c. Length of stay in Baltimore I.ife Days	1722 Darley Ave							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours							
female white married	Way 6,1952 68							
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	II. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY							
at home 13. FATHER'S NAME	Baltimore Md.							
	14. MOTHER'S MAIDEN NAME							
William Kraemer  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Sarah Lancaster							
(1es, no or unknown) (11 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS							
	Samuel T. Frantum 1722 Darley Ave.							
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	nie Newhorts - Grenning 2000.							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
injury or complication which caused death.) DUE TO	injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES	ersonlecte Cordo - vouls Dane 5 yrs.							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	explenium = Leconday Araum. 3 um.							
0								
non 1 1	1. 11 t D1 - 11-1.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Mellilis - Virgin Hittents 7 yes.							
. 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	ATION   20. AUTOPSY?							
O	YES NO							
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If in Baltimore City, give exact location) tc.) INJURY OCCUR?							
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY	21F, HOW DID INJURY OCCUR?							
m. WHILE AT NOT WHILE AT WORK								
deccased alive on Cycle, 19 5, and that death occurred at 10.30 n., from the causes and on the date stated about								
23A. SIGNATURE Pleachol M.D. 2:	230 2 Edwarden he 23c. DATE SIGNED 4/23/52							
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
Burial 4/25/52 Moreland Me								
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS							
APR 2 4 1952 Tuningion Vallauts	larence T. Holmann 1639 Broadway.							
VS 150								

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	3961
Registered No	

BIRTH NO.	TOATE	OI DEATH					
1. NAME OF DECEASED (Type or Print) JOE ALLENDER CORDDRY			2. DATE OF April	. 24, 1952			
S. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If is B. COUNTY	stitution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give str HOSPITAL OR US PUDIC Health Service INSTITUTION HOSPITAL	eet address or	Maryland	outside corporate limits,	TER			
Wyman Pk. Drive & 31st Street		Snow Hill		township)			
chength of stay in Baltimore 59 days	Yrs. Mos. Days	D. STREET ADDRESS (If r	rural, give location)	3-00			
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIE WIDOWED DIVOR SINGLE	D. (Specify)	4/5/26		nder I Yess ths: Days   If Under 24 Hours Hours   Min.			
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSII work done during most of working life, even if retired)  Timber Mill Worker	NESS OR 1 INDUSTRY	1. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	ME				
Charles Corddry		Machrae Alle	nder	V			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wat nr dates of service) YES  WW 2- IISA ?	AL JRITY NO.	7. INFORMANT Records - US PHS		DRESS lto, Md.			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	severe Broncho	's Disease, gene anemia. pneumonia, acute	***************************************	Approx. 4 years. Unknown			
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDING	S OF OPERAT	rion		20. AUTOPSY7			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, at			Santage Co.	YES X NO			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?							
INJURY	NOT WHILE	21F. HOW DID INJURY	OCCUR?	Market St.			
m. WHILE AT WORK							
22. I hereby certify that I attended the deceased		25, 1952, to Ap	r. 24, 152,	that I last saw the			
deceased alive on 19 52 and that death occurred at \$ 50A m., from the causes and on the de							
D.W.Patrick, Medical Officer in		B. ADDRESS PHS Hospital. F	Balto, Md.	23c. DATE SIGNED			
24A. BURIAL, CREMA- 24B. DATE 24C. NAME		OR CREMATORY 240. LC		or county) (State)			
REMOVIEL APR 24/112 WHA	T COAT	METH. SI	Now HIC				
APR 2 4 1952 Huntington William	A- 1454-	5. FUNERAL DIRECTOR		HILL MD			

mr. Marchesi Vet Rep. 5 L6 52mm N3.962

### BALTIMORE CITY HEALTH DEPARTMENT Registers

52 3962

DE	RTH NO.	4		CERTIFICATI	E OF DEATI	7		
1. ('I	NAME OF D Type or Print)		A A	CIITY WAY		2. DATE OF Amms	7 22 1052	
	PLACE OF D	EATH:	URNER A	SHBY MONCUE	4. USUAL RESIDE	NCE (Where deceased lived, 1		
В.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or					B. COUNTY	before admission)	
H	OSPITAL OR	Tankhamam Ha	anital	location)	C. CITT OR TOWN		ts, write RURAL and give ownship)	
-	46	Lutheran Ho	spital		Baltimore	SS (If rural, give location)	2	
	Length of s	tay in Baltimore		Yrs. Mos. Days	3839 Clif			
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)				8. DATE OF BIRTH		if Under I Year   If Under 24 Hours onths: Days   Hours   Min.	
	male	white		rced	Jan. 27, 18			
WOL	k done during most o	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY	
	Physician		Medic	al	Virginia 14. MOTHER'S MAIDEN NAME			
1	3. FATHER'S							
	deorge V.	D EVER IN U.S. ARMED	EODCES?	16. SOCIAL	Elizabeth F			
(Ye	yes	(If yes, give war or date, World War	of service)	SECURITY NO.	17. INFORMANT	Moncure, Jr St	ADDRESS	
ERTIFICATION	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  CHECK SIGNIFICANT CONDITIONS CON-							
CER	TO THE D	S TO THE DEATH, BUT	CAUSING I	т			120 AUTODOVA	
l .	i de la companya de l				RATION		20. AUTOPSY?	
MEDICAL	UNDERLYIN UTING []	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)	about bome, (Hour)	ACE OF INJURY (e. g., i farm, factory, street, office bldg., (	etc.) INJURY OCCUI			
			m.	WHILE AT NOT WHILE AT WORK				
	2. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry  the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes I, accident □, suicide □, homicide □, undetermined □.  23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER□ 23C. DATE SIGNED							
	Tanley & Durlacle M.D. ASSISTANT MEDICAL EXAMINER April 23, 1952							
1 TI	4A. BURIAL, ( ON, REMOVAL (S	Pecify) 248. DATE		24c. NAME OF CEMETE		24D. LOCATION (City, town		
_	Remova			Aquia Episco		Stafford Co., V		
	PR 2 4 19		tor 1	Miaus Nigh	25 FUNERAL GIR	Violeno V	ADDRESS	
V	S 151	6		07585		Batto 1"	7. mai	

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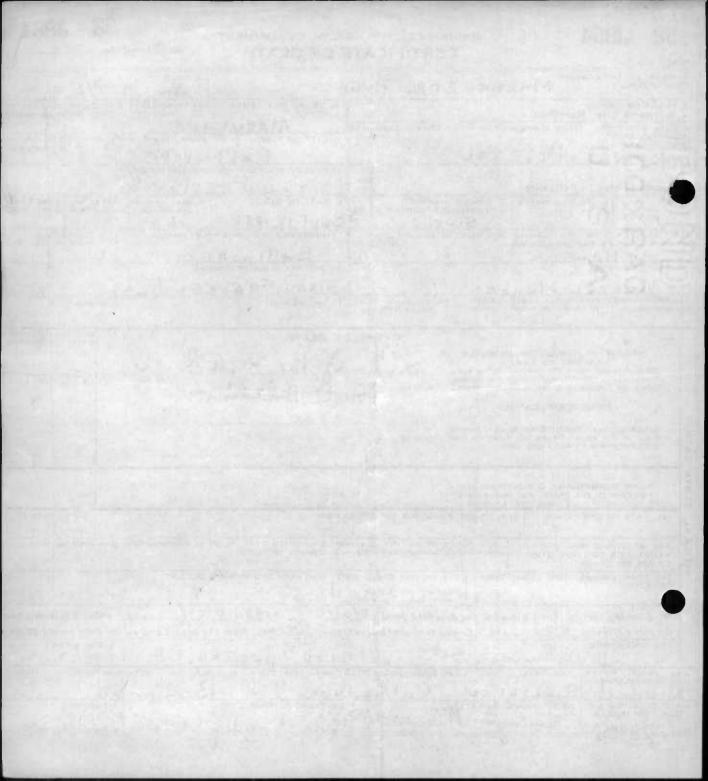
3963 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland wetter at + Brooks A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Zue Educa & Cot O Drava HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CIZY OR TOWN INSTITUTIONunore Yrs. 6. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore ranaal Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years | Woder | Year | Winder 24 Hours | Last birthday) | Months | Days | Hours | Min. Mugie IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME war 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or anknown) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Geompeus ation heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE 6 Tus. UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK tel Musel 33 1957 that I last saw the 1957 to 22. I hereby certify that I attended the deceased from. Mirell3, 1952, and that death occurred at 10 m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 240. LOCATION (City, town, or county) 248. DATE 24C/NAME OF CEMETERY OR CREMATORY (State) herial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LAPPRESIGNATION VS 150

Jewas Colesia Bortone Hats

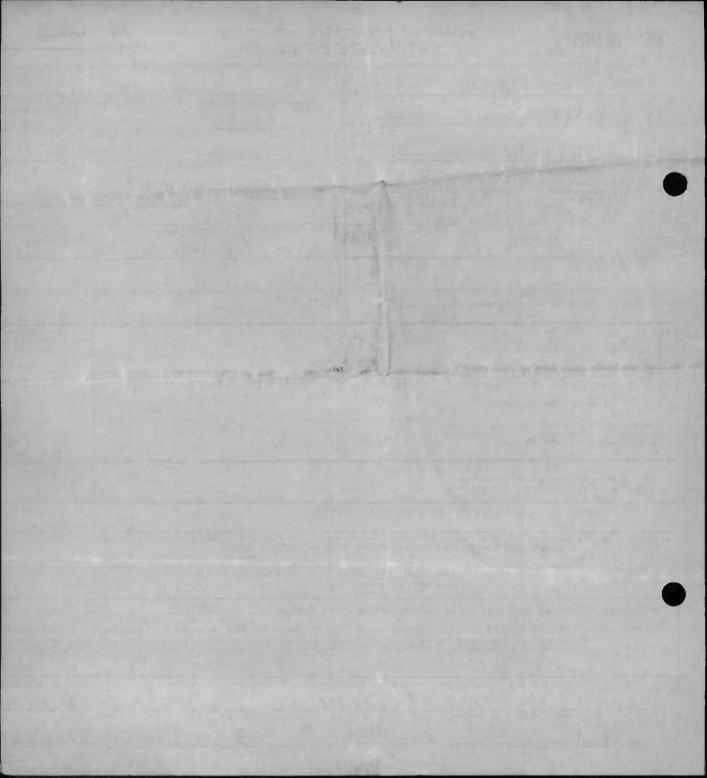
### BALTIMORE CITY HEALTH DEPARTMENT

52 3964

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE MARGARETM HUGHES (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or ARVLANC HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION TOSPITAL IAMIC MORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. RESLON ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | M Under ) Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. SEDT 18, 1888 SWOLE 10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY AT HOME ALLIMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MICHAEL FRANCES Hughes 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or naknown) (If yes, give wer or dates of service) 16. SOCIAL ADDRESS (Yes, no or naknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH of the neck of the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES V 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 4/2:15? 1952 to 4/23 , 1954hat I last saw the 19 52 and that death occurred at 8005 Am., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23c. PATE SIGNED 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) wrial 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE **ADDRESS** LOCAL REGISTRAR VS 150

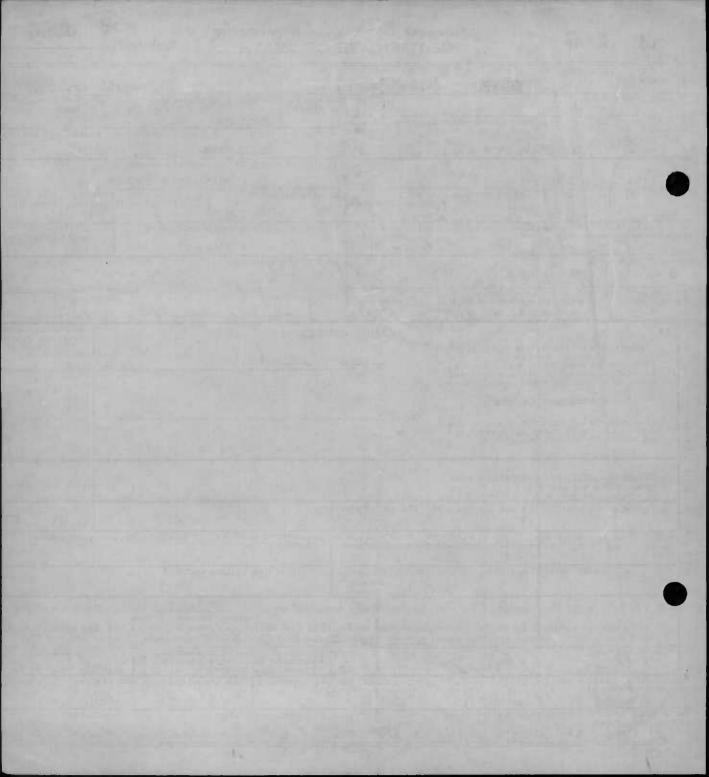


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	52	3965	BAI		EALTH DEPARTMENT	52 Posistand No	0000		
В	IRTH NO.	61-3042	9	CERTIFICAT	E OF DEATH	Registered No			
	NAME OF Type or Print	DECEASED	DECODA	DOWA	NT	2. DATE OF	2050		
	PLACE OF	DEATH:	REGORY	ROMAI	N   4. USUAL RESIDENCE (\		22, 1952 stitution: residence		
1		City, Maryland  E OF f not in hospi	tal or institut	ion, give street address or	A. STATE Maryland	B. COUNTY	before admission)		
H	OSPITAL OF	R I		location)		f outside corporate limits,	write RURAL and give township)		
.   -	0.4	1125 Madis	on Aven	ue Yrs.	Baltimor		7		
	ength of	stay in Baltimore		Mos. Days		ison Avenue			
5.	SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCS/D/(Specify)	8. DATE OF BIRTH	9. AGE (In years   II Vi	der I Year   If Under 24 Hours hs: Days   Hours : Min.		
1-	Male	Colored	1	woll		3			
worl	k done during mo	OCCUPATION (Give kind of sat of working life, even if retired)	OB. KINL	INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	VHAT COUNTRY		
13	. FATHER'S	NAME	100		14. MOTHER'S MAIDEN N	AME	wind.		
	~				Thelma	RAMA	un,		
15 (Ye	s, uo or unknow	ASED EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADE	DRESS		
					Mm Conde	Non 1126	Madison		
	18.	3.4		CAUSE	OF DEATH		ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) Septicemia								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
	ANTECEDENT CAUSES								
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
TI		THE ABOVE CAUSE (A)		(C)					
RTIFICATION									
ZT!F		SIGNIFICANT COND							
CEF	TO THE	DISEASE OR CONDITION	CAUSING I		PATION		20. AUTOPSY?		
	ISA. DATE	OF OPERATION I	98. MAJOR	PINDINGS OF OFER	ATION		YES X NO		
EDICA	218. EXTERNAL CAUSE WAS  218. PLACE OF INJURY (e.g., in or 21C. WHERE DID (if in Baltimore City, give about home, farm, factory, street, office bldg., etc.)  1 UNDERLYING OR CONTRIB.								
Σ							HE HELLS		
	22. I certify that I took charge of the remains described above, held an Autopsy there								
	Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes $\boxtimes$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .								
	23A. SIGN	illian Uxsur	M		23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	examiner			
0	REMOVAL	al 7/24/	52	MA QUE	bun /	OCATION (City, town, or	county) (State)		
Lo	TE RECEIVED REGIS	TRAP Hunting	ton W	llisus M.	25. FUNERAL DIRECTOR	x tead	9/8 Druis		
V	S 151	Ü				Hell	ave.		



52 BALTIMORE CITY HEALTH DEPARTMENT 3966 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE EDWARD HAMILTON DEATH April 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF Maryland f not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give township) C. CITY OR TOWN 2029 Belvedere Avenue Baltimore Yrs. D. STREET ADDRESS, (If rural, give location) Mos. 2029 Belvedere Avenue ength of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (in years if Under 1 Year last birthday) Months: Days Hours Min. 7. SINCLE MARRIED 8. DATE OF BIRTH Male White 1903 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY: Strum Fr 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL 17. INFORMANT ODRESS (Yes, no or unknown) SECURITY NO. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary occlusion (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes \( \mathbb{M} \), accident \( \mathbb{M} \), suicide \( \mathbb{M} \), homicide \( \mathbb{M} \), undetermined \( \mathbb{M} \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED MEDICAL INVESTIGATOR .. 24A. BURIAL CREMA-TION, REMOVAL (Specify) 240 NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) surial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

V S 151



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF GRACE ATHELDA BURHAP DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give INSTITUTION UNION MEMORIAL HOSP C. CITY OR TOWN township) BALTIMORE Yrs. p. STREET ADDRESS (If rural, give location) Mos. HOLLEN ngth of stay in Baltimore Days 9. AGE (In years | If Under | Year | If Under 24 Hours last birthday) | Months; Days | Hours: Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done doring most of working life, even If retired) INDUSTRY WHAT COUNTRY? HOUSEKEEPER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NATHANIEL HEAL URA JMITH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onkoown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or onkoown) SECURITY NO. 215-32-3014 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF 20. AUTOPSY 19A. DATE OF OPERATION 21B, PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? VONE VONE NONE 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NONE 4/23/5219 , to 48452 19 , that I last saw the 22. I hereby certify that I attended the deccased from. and that death occurred at 12:30m. from the causes and on the date stated above. deceased alive on T 23B. ADDRESS (Linux Mymus) ( Th 23A. SIGNATURE

24c. NAME OF CEMETERY O

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or edunty)

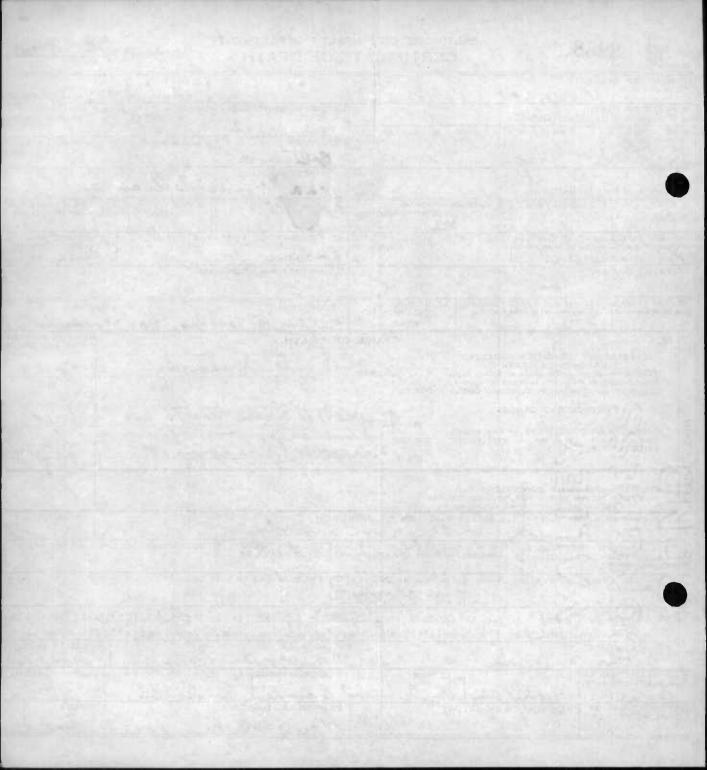
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24A. BURIAL, CREMA-TION, BEMOVAL Specify)

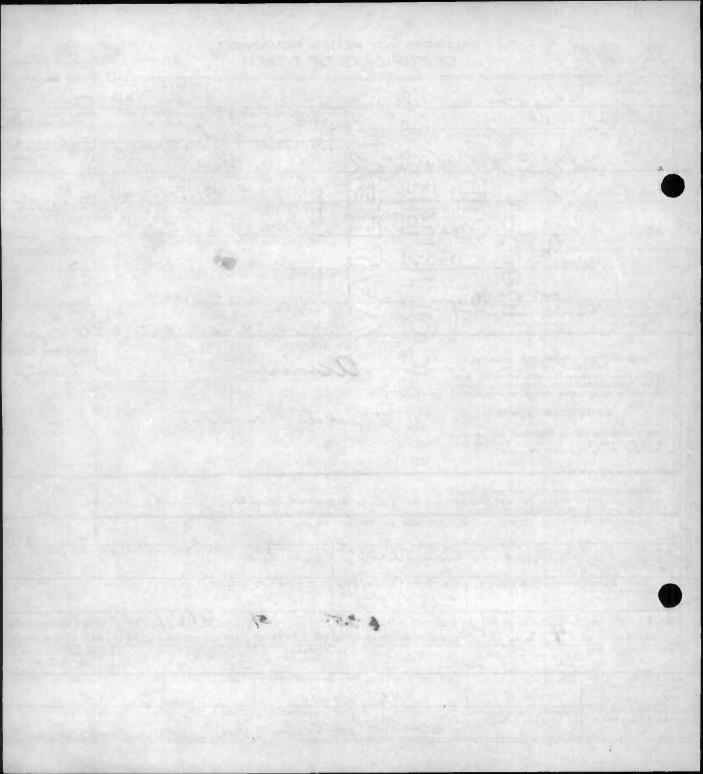
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THE PROPERTY OF THE PERSON AND PROPERTY. 

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52 3968 BALTIMORE CITY CERTIFIC	ATE OF DEATH	Registered No. 2 396	8				
1. NAME OF DECEASED (Type or Print) Michael Karson	ی	2. DATE OF DEATH APV. 23, 191	52				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (\) A. STATE	Where deceased lived, If institution: residence before admiss					
B. FULL NAME OF (If not in hospital or institution, give street additional local loc	41 - 11	f outside corporate limits, write RURAL and	give				
od Unw. Hosp.	Baltimore	towns	ship)				
ength of stay in Baltimore	Mos. Days 1822 Wood	rural, give location)					
5. SEX  6. COLOR OR RACE  WIDOWED, DIVORSED (S	8. DATE OF BIRTH	9. AGE (In years     Under 1 Year   II Under 24   last birthday)   Months Days   Hours I					
10A. USUAL OCCUPATION (Give kind of work in peduring most of working life, even if retired)  10B. KIND OF BUSINESS OF INDUSTRIES OF INDUST		oreign country) 12. CITIZEN OF WHAT COUNT	RY?				
13. FATHER'S NAME /	14. MOTHER'S MAIDEN N	AME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY	NO. 17. INFORMANT	ADDRESS					
	marin or, 100		ne				
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ANTECEDENT CAUSES (B) Suspected brain tumor or / yr							
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		OCATION (City, town, or county) (Sta	ate)				
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DATE RECORD TO DEATH DUTING AND THE DID SEASE OR CONDITION S. IF ANY, GIVEN TO THE DEATH, BUT NOT RELATED TO THE SIGNIFICANT CAUSES  DISEASE OR CONDITIONS, IF ANY, GIVEN DEATH, BUT NOT RELATED TO THE SIGNIFICANT CAUSES  DISEASE OR CONDITIONS, IF ANY, GIVEN DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING SHOW HEAD OF CONTRIBUTION SHOW HEAD OF CONTRIBUTING SHOW HEAD OF CONTRIBUTING SHOW HEAD OF CONTRIBUTION SHOW HEAD OF CONTRIBUTION SHOW HEAD OF CONTRIBU	ВІ	52 RTH NO.	3969				HEALTH DEPARTMENT TE OF DEATH	Registered N	39:59
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Mos. Days  6. COLOR OR RACE  7. STRICE, MARRISED  1. SATE OF BIRTH  9. AGE LIB year   Bidder 18 in Bidder 18		Dr.W.	1/2	<u> </u>	URL		B. STREET ADDRESS	(If rural, give location)	0/
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INDUSTRY    13. FATHER'S NAME	5	enula	Wh-	ite			ify) 1/2/10	last birthday) Mo	
13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARNED FORCES? (Yes, be or opknown)  16. SOCIAL SECURITY NO.  17. INFORMANT SECURITY NO.  18. CAUSE OF DEATH  INTERVAL BETWEE ONSET AND DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANYECEDENT CAUSES  DISEASE OR CONDITION DIRECTLY  (A)  ANYECEDENT CAUSES  DISEASE OR CONDITION DIRECTLY  (B)  OTHER SIGNIFICANT CONDITION S. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) SYATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS ON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? VES.  NO.  21A. ACCIDENT WAS UNDER  21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYING OR CONTRIBUTING blooms, farm, factory, street, officeabids, etc.)  21A. ACCIDENT WAS UNDER  21B. PLACE OF INJURY OCCURRED  11D. TIME (Month) (Day) (Year) (Hour)  WORK  AT WORK  22A. BURNAL GREEN- AT WORK  AT WORK  23B. ADDRESS  M. D.  ANY CAUSE OF DEATH  WORK  AT WORK  23B. ADDRESS	10 vori	A. USUAL	OCCUPATION nost of working life,	(Give kind of even if retired)	10B. KIND		RY	11	12. CITIZEN OF WHAT COUNTRY
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED INJURY OCCUR?  22. I hereby certify that I attended the deceased from ATWORK ATWORK 22. I hereby certify that I attended the deceased from ATWORK 23A. SIGNATURE 23B. ADDRESS  23A. SIGNATURE 23B. ADDRESS  23A. BURIAL. GREEN- 24B. DATE 24C. NAME OF CEMETERY OF GREMATORY 24D. LOCATION (City, town, or county) (State County of Count	C					(C)			
19a. Date of operation  19b. Major findings of operation  20. Autopsy? YES No  21a. Accident was under. Lying or contributing bout home, farm, factory, street, officebidg., etc.) CAUSE OF DEATH  21b. Time (Month) (Day) (Year) (Hour) 10b. Time (Month) (Day) (Year) (Hour) 21c. Injury occurred 21f. How did injury occur?  21f. How did injury occur?  21f. How did injury occur?  22f. How did injur	ш	TRIBUT	ING TO THE DI	T CONDIT	OT RELATED	a	timachista	e Lead des	2002 ?
21b. TIME (Month) (Day) (Year) (Hour)  21c. INJURY  21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from the deceased alive on the date stated above the deceased alive on the date stated above 23A. SIGNATURE  23B. ADDRESS  24A. BURIAL, GREMA- HON, REMOVAL (Specify)  24B. DATE  24C. NAME OF CEMETERY OF GREMATORY  25. FUNERAL DIRECTOR  ADDRESS	L	19a. DAT	E OF OPERAT	10N   19	B. MAJOR F	INDINGS OF OF	ERATION		20. AUTOPSY?
210. TIME (Month) (Day) (Year) (Hour)  2110. TIME (Month) (Day) (Year) (Hour)  212. I horoby cortify that I attended the deceased from the deceased alive on the date stated above the deceased alive on the deceased alive		LYING	OR CONTRIE		21B. PLAC about home, far	E OF INJURY (o. m, factory, street, office bl	g., in or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, g	ive exact location)
22. I hereby certify that I attended the deceased from the deceased from the deceased alive on the date stated above 23A. SIGNATURE  23B. ADDRESS  23B. ADDRESS  23C. DATE SIGNE  24C. NAME OF CEMETERY OF CREMATORY  24D. LOCATION (City, town, or county)  24D. DATE RECEIVED BY REGISTRAR SIGNATURE  25. FUNERAL DIRECTOR  ADDRESS  ADDRESS  25. FUNERAL DIRECTOR  ADDRESS	2			Day) (Year)	wH	ILE AT NOT WH	ILE	URY OCCUR?	
deceased alive on 1/24, 19 and that death occurred at 2 Noni, from the causes and on the date stated above 23A. SIGNATURE  23B. ADDRESS  M. D. 737 E North And 23C. DATE SIGNE 4 2 4 5.  24A. BURIAL. SHEMA. 24B. DATE 24C. NAME OF CEMETERY OF GREMATORY 24D. LOCATION (City, town, or county) (State Hon. Removal (Specify) 4/26/52 Mt. Cannal Balto. Md.  DATE RECEIVED BY REGISTRAR SIGNATURE 25. FUNERAL DIRECTOR ADDRESS  LOCAL REGISTRAR		22. I hc	rchu certifu	that I atte				4/23/ 1950	that I last saw th
23A. SIGNATURE  23B. ADDRESS  North And 23C. DATE SIGNE  24A. BURIAL. STENA- HON REMOVAL (Specify)  ALZE RECEIVED BY REGISTRAR  DATE RECEIVED BY REGISTRAR  LOCAL REGISTRAR  23B. ADDRESS  W. D. T.			d alive on	7/22	19 - 07	nd that death oc	curred at 12 Nonit fro	m the causes and on th	e date stated above
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OF GREMATORY 24D. LOCATION (City, town, or county) (State HON REMOVAL (Grecity) 4/26/52 Mt. Cannal Burial Balto. Md.  DATE RECEIVED BY REGISTRAR SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR				(-)	neede	•		North An	23c. DATE SIGNED
DATE RECEIVED BY LARGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR	24	A. BURIA	L. CREMA- 24	B. DATE	24		TERY OF GREMATORY 24	D. LOCATION (City, town,	or county) (State)
DATE RECEIVED BY DEGISTRAR SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	m	11		4/26/5	52	mt.	Carmel	Balto.	nd.
		CAL REG	ISTRAR 7			F. LAULA-, MOP.	1.000	OR	Paul St.



+2	-5		THE STATE OF
В	57 3770 .	E OF DEATH Registered I	3970
	NAME OF DECEASED ype or Print) JOHN E. WILSON	2. DATE OF DEATH	12-52
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address o	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission
H	OSPITAL OR location		ts, write RURAL and give
7	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
5	ngth of stay in Baltimore Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,		I Under 1 Year   If Under 24 Hours
	M WIDOWED, DIVORCED (Specify		onths Days Hours Min.
10 wor	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)  INDUSTR'	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John W. Json, Js.	for Ellen Stiles	
15 (Ye	B. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  SECURITY NO.	17. INFORMANT	DDRESS
		John Wlass-, 2050 Finds	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  DUE TO	tenal hydroughalus	ONSET AND DEATH
ICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	proces of basal cistan	2 4 m
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	besclerosis	4 320,
J.	194 DATE OF OPERATION 198 MAJOR FINDINGS OF OPE	RATION I LOUGH I	20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.  CAUSE OF DEATH	in or 21c. WHERE DID (If in Baltimore City, 10c.) INJURY OCCUR?	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURFINJURY  WHILE AT NOT WHILE		
	22. I hereby certify that I attended the deceased from		that I last saw the
	deceased alive on 22, 19 >, and that death occu		
		238. ADDRESS.	23c. DATE SIGNED
2. TI	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 14D. LOCATION (City, town,	
_	Bural 4/25/5> Varkewood	Geneley Parkevelle,	Manylan
	DCAL REGISTRAR SIGNATURE	Wm. Book Dc. 12/7 ft	. Paul fb.

52 3971 3971 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) LILLIAN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) more B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS A(If rural, give location) Yrs. Mos. ength of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 9. AGE (In years | H Under I Year | II Under 24 Hours last birthday) | Months: Days | Hours | Min. 8 DATE OF Mario married IOA. USUAL OCCUPATION Givekindof | IOB, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Kruf. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED nesul TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY none DICA (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WORK AT WORK 22. I hereby certify that I attended the deceased from 4/14 , 1953 to 4/22 . 1953 that I last saw the deceased alive on #/ 22 . 1952, and that death occurred at 10 Pm., from the causes and on the date stated above. 23A. SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

VS 150

24A. BURIAL, CREMA-

REMOVAL (Specify)

#### SINNEN BALTIMORE CITY HEALTH DEPARTMENT

3972 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL, and give C. CITY OR TOWN INSTITUTION Township) D. STREET ADDRESS (If rural, give location) Mos. h of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | if Under | Year | if Under 24 Hours | Identify | Hours | Min. WIDOWED, DIVORCED (Specify) 31 may 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or (Specify) ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 2 D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT WORK 4-21 1952to 4.237 1952 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 4-23 1952 and that death occurred at 10 A m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. ŞIGNATURE HOIN. weeken Dourd 4-23-52 24A. BURIAL, CREMAburial 25. FUNERAL DIRECTOR HENRY SANDER APDRES DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAS SANDER & VS 150

523 4M

In Dand Tohnede. De Susamen. 1109 n. Calmit Lef. 6065

52 39'73

#### BALTIMORE CITY HI CERTIFICAT

		02 3973
EALTH	DEPARTMENT	
F OF	DEATH	Registered No.

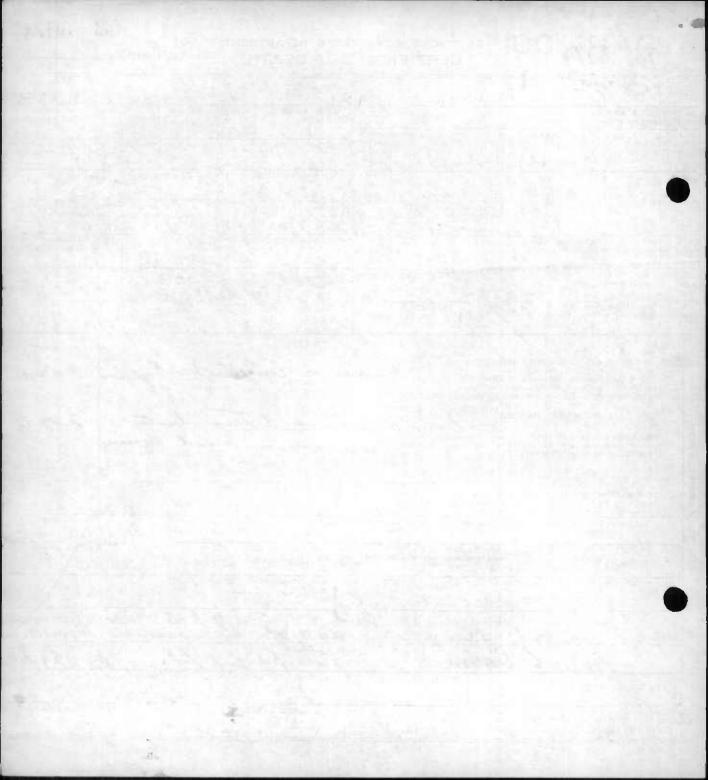
DI	KIN NO.								
	NAME OF Dype or Print)	MONGURE MONGURE	ALI, S	R•		2. DATE OF DEATH AP	r. 22, 1952		
A.		City, Maryland			4. USUAL RESIDENCE (WA. STATE Maryland				
B.	FULL NAME OSPITAL OR	US PUBLIC H	eath Se	ion, give street address or LVLC e location)		auteida cornorata lin	nits, write RURAL and give		
IN	STITUTION	Pk. Drive &	Rist et		Baltimore	Man North Control	township)		
5	AA'A TITOTEL	LV. DITAC &	7100 00	Yrs.	D. STREET ADDRESS (If		0 0		
	ngth of s	stay in Baltimore	?	Mos. Days	3206 Hawl	kins Point I	Rd.		
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	It under I Year If Under 24 Hours Months; Days Hours; Min.		
	M	col		(ED. DIVORCEO (Specify)	7/12/95	56	Day's Hours Min.		
10	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign eountry)	12. CITIZEN OF WHAT COUNTRY?		
	Retire			Coast Guard	La.		USA		
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME	1 0000		
		sed Ali			Ella Blackma	n			
15 (Ye	. WAS DECEAS , no or nnknown)	ED EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
`_	Yes	?		?	Records- US PHS	Hospital, I	Balto, Md.		
	18.	70.2.		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEAS	SE OR CONDITION					ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Thrombosis of superior mesenteric Approx								
	heart falls	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  Due to artery with infarction of small 4 days							
	1113019 01	Aller Corp. Corp.		., DOE 10	intestine				
	ANTECEDENT CAUSES ,								
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING								
Ē		THE ABOVE CAUSE (A)		HE OUE TO					
S				(C)	•••••••••••••••••••••••••••••••••••••••	0.0.0			
H		11							
R		SIGNIFICANT CONDI					1711 H 2 7 A 10		
CE		G TO THE DEATH, BUT DISEASE OR CONDITION				*********************			
	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
Ω.	21A. ACCIE	DENT WAS UNDER-	218. PL/	ACE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City	, give exact location)		
MEDICAL	LYING O	R CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg., e	to.) INJURY OCCUR?				
	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?			
1	III SOKI		m.	WHILE AT NOT WHILE					
		by certify that I att					52, that I last saw the		
	deceased a	live on Are 22	19 22,	and that death occur	red at 4:30Pm., from the	he causes and on	the date stated above.		
	23A. SIGNA	ZIVINI	und	T T	38. ADDRESS	nol+e wa	23c. DATE SIGNED		
_	D.W. Pat	rick Medica		CI JII GIAM. EDU	JS PHS Hospital,		4/23/52		
TI	BURIAL.	Specify) 24B. DATE	1/52	Paltimore 1	RY OR CREMATORY 240, LO	Memore	vn, or eounty) (State)		
	TE RECEIVE		SSIGNATO		25. FUNERAL DIRECTOR		ADDRESS		
4	R 25 13		1 1	Illians Mo	1Kellin 1/2	Jacken	or Penno an		
	VS 150								
				59	191				

52 3974

### BALTIMORE CITY HEALTH DEPARTMENT

egistered	No	

BI	RTH NO.	E OF BEATH
	NAME OF DECEASED	2. DATE
(1	ype or Print) ANNA MARIA Fara	6 ne DEATH april 23-1952
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
_	Baltimore City, Maryland Baltimore Thousand Full NAME OF (If not in hospital or institution, give street address of	
H	OSPITAL OR OG Clocation	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
IN	STITUTION 2806 Londwood Russ	Ball none 27-06 township)
-	Yrs.	D. STREET ADDRESS (If rural, give location)
	ngth of stay in Baltimore 30 Years Days	2806 Goodward Rand
5.	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   Il Under 24 Hours
2	WIDOWED, DIVORCED (Specify	last birthday) Months Days Hours Min.
0	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
	done during most of working life, eyen if retired)	
	Housembe	Pacchino Sicily U.S.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Salvatore Scollo	Licea Chiaramida
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL   16. SOCIAL	17. INFORMANT ADDRESS / /
(10	(If yes, give war or dates of service) SECURITY NO.	10 than Pi Pisa 2 806 Handward Rd
	18. 442 V CAUSE	OF DEATH
	177	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in - Congestive heart failure 2 days.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	The state of the s
	injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	+ 17 1 - 2 -
Z	(B)/	les poula rent desire
TIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Les instular remail disease
A	UNDERLYING CONDITION LAST.	
F	(c)	
RTI	OTHER SIGNIFICANT CONDITIONS CON-	
ш	TRIBUTING TO THE DEATH, BUT NOT RELATED	
U	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
AL	0	YES NO P
U	21A. ACCIDENT. SUICIDE,   21B. PLACE OF INJURY (e. g.,	in or   21c. WHERE DID (If in Baltimore City, give exact location)
EDI	HOMICIDE (Specify) about home, farm, factory, street, office bldg	,etc.) INJURY OCCUR?
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
	INJURY WHILE AT NOT WHIL	
	m. WORK AT WORK	
	22. I hereby certify that I attended the deceased from	, 1950, to Min 23 , 1952, that I last saw the
	deceased glive on 23 Am, 1950 and that death occur	erred at 10:30km, from the causes and on the date stated above.
	23A. SIQNATURE	238. ADDRESS / 23c. DATE SIGNED
	July to Osme M.D.	5600 Harfard Rd. Drug 24 1972
2.	AA. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, o county) (State)
11	Basses Declarate Declarate	Below Re Balto. Md.
	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
L	DOAL REGISTRAR Turtington Williams Min	And I The De all of the
-	AFR 25 15 19	Hosepa Varace and 2013 chemian the
	VS 150	



6	30				×		
	52 3975	BAI		EALTH DEPARTMENT	Registered N	3975	
ВІ	RTH NO.		CERTIFICAT	E OF DEATH	Registered N	0	
	NAME OF DECEASED ype or Print)	RS VERDI	E VI/AR	D	2. DATE OF DEATH 4-3	5-58	
	PLACE OF DEATH: Baltimore City, Mary			4. USUAL RESIDENCE		institution: residence hefore admission	
В.			ion, give street address or location)	MARYL	AND BA	ムブ・	
IN 2	ISTITUTION M	ERCY Flo	sp.	20.	If outside corporate limit	s, write RURAL and give township	
C.	ngth of stay in Bal	timore	7 Yrs. Mos. Days	b. STREET ADDRESS	off rural, give location)	PUAD.	
5.	SEX : 6. COLOR	WIDOW	E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH Och 16. 1873		Under 1 Year   If Under 24 Hours nths Days Hours Min.	
I C	A. USUAL OCCUPATION  a done during most of working life, e  HEUSE WIFE	(Givekind of LOB. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S NAME	I I		14. MOTHER'S MAIDEN			
	Thomas		TCHINS	SNNIE I	E. BOWER		
15 (Ye	. WAS DECEASED EVER IN ( s, no or unknown) (If yes, given	U. S. ARMED FORCES? e war or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT		DDRESS	
	18. 443 X		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO						
	ANTECEDENT CAUSES						
O	DISEASES OR COND	DISEASES OR CONDITIONS, IF ANY, GIVING  (B) Ord. A Clerasis + Old age					
CERTIFICATION	UNDERLYING COND	AUSE (A) STATING THE	(C)				
FIC			(0)				
RTI	OTHER SIGNIFICAN						
CE	TRIBUTING TO THE DE						
7	19A. DATE OF OPERATI	ION 19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY7	
EDICAL	21A. ACCIDENT WAS I	JNDER-   218. PLA	ACE OF INJURY (e. g., i	n or   21c. WHERE DID	(If in Baltimore City, g	YES NO L	
MED	LYING OR CONTRIB		farm, factory, street, office bidg.,	etc.) INJURY OCCUR?			
2	21D. TIME (Month) (DE	ay) (Year) (Hour)	21E. INJURY OCCURR		RY OCCUR?	-1.	
		m.	WHILE AT NOT WHILE AT WORK				
	, that I last saw the						
	deceased alive on 4	/24 , 1952,	and that death occur	rred at 2 Am., from	the causes and on th	e date stated above	
	21m.	R. Gre	co M. D.	merry	Nosp.	4 25/52	
	A. BURIAL. CREMA- 241 DN. REMOVAL (Specify)	60 1 27/5	Mut Ho	RY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)	
DA	ATE RECEIVED BY DEAL REGISTRAR	GISTRAR'S SIGNATI	VIII ALLA MAR	25. FUNERAL DIRECTOR	th.	ADDRESS	
=	VS 150	Juningion 1	interior, 17	dir wall	of the same	son on	
	10100			-,,0	Com - gr	- was	

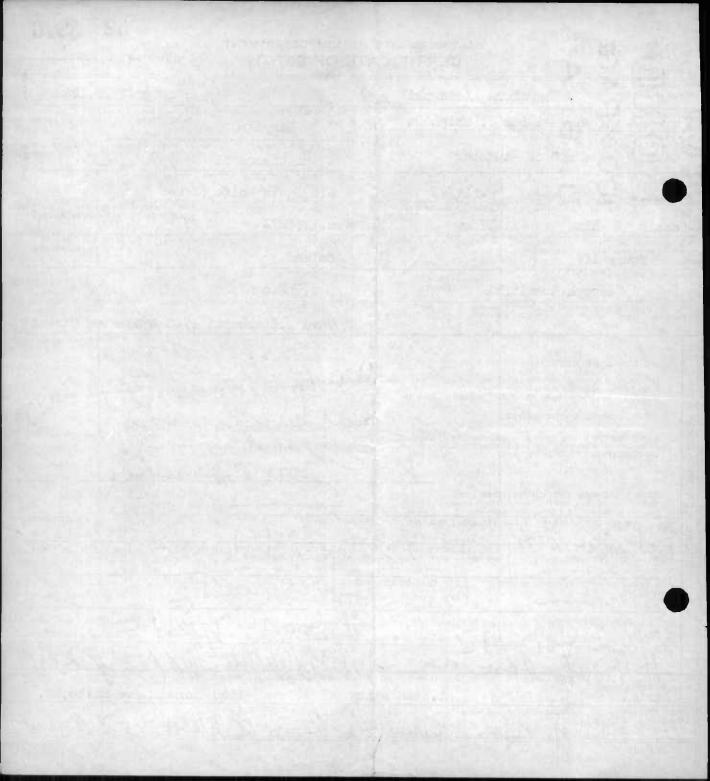
april 3/152 1/11 / 1/2 moory act works and the final

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### BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

			(	CERTIFICAT	F OF DEATH	-	Registered	NO	
ВІ	RTH NO.					•			
1. (T	NAME OF D ype or Print)		lena Lis	zewski		2	OF Apri	1 23,	1952
Α.		City. Maryland 54			4. USUAL RESIDE	NCE (Wher	e deceased lived, I B. COUNTY	f instituti k	ion : residence before admission
H	FULL NAME DSPITAL OR STITUTION	Home of		on, give street address or location)	c. CITY OR TOWN	(If out	side corporate lim	its, write	RURAL and giv township
C.	eth of s	tay in Baltimore	50	Yrs. Mos. Days	616 South				
F	'emale	White	Widow	, MARRIED. ED, DIVORCED (Specify) 7	Dec,11,1874	9.	AGE (In years last birthday)	If Under 1 Yes Ionths Da	at H Under 24 Hears
10 worl	done during most of	CUPATION (Give kind of of working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tate or foreig	(n country)		TIZEN OF HAT COUNTRY
13	. FATHER'S	NAME			14. MOTHER'S MAI	DEN NAME		-	
		Joseph Kuczin			Unknow	n			
15 (Yes	. WAS DECEASI	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Edward A. Lis	zewski		ADDRES:	
MEDICAL CERTIFICATION	OTHER STRIBUTION TO THE DATE OF THE DATE O	ENT, SUICIDE, (Specify)	of dying, e.g., ins the disease caused death.  SES  F ANY, GIVIN- STATING THAST.  ITIONS CON NOT RELATE! I CAUSING II  9B. MAJOR  21B. PLA about home, fa	(B)  (B)  (C)  FINDINGS OF OPER  CE OF INJURY (e.g., rm, factory, reet, office bldg.,	arion 21c. WHERE DI	₹?	Livial Allinore City,	ON:	O. AUTOPSYZ
	216. TIME (Month) (Day) (Year) (Hour)  216. NIME (Month) (Day) (Year) (Hour) (Year) (Hour)  216. NIME (Month) (Day) (Year) (Hour) (Hour							DATE SIGNED	
Di	Burial ATE RECEIVE	D BY REGISTRAR	s signatur	St. Stanislaus	25. FINERAL DIRE		eber 705	ADDR-S	Ess Enn at



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3977

Registered No\_\_\_\_

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF ODIL 22 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived of institution; redidence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location	
INSTITUTION JOHNS HOPKINS HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore 23 Yrs. Days	
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	4 - 18 - 1903   48   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
ork done during most of working life, even if retired)	WHAT COUNTRY?
Longshoreman   Water Front	Alabama U.S.A.
Wilbur Hughes	Mildred Hughes
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL ADDRESS
18. 072 X	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	rystive with 3 mo.
injury or complication which caused death.) DUE TO	reptive
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	· · · · · · · · · · · · · · · · · · ·
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTUER CICNIFICANT CONDITIONS	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20. AUTOPSY?
√ V	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 4	21 , 1952 to 4-22 , 1952, that I last saw the
deceased alive on 4-22, 1952 and that death occu	erred at 12.30 m., from the causes and on the date stated above.
224 SIGNATURE 1 11: 91:11	23B ADDRESS HOPKINS HOSPITAL 23C. DATE SIGNED
thomas Troubly William M. D.	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETI	
Burial 4/25/1952 Mt Calvery DATE RECEIVED BY   REGISTRAR'S SIGNATURE.	
LOCAL REGISTRAR REGISTRAR'S SIGNATURE APR 25 1052	Choir Welson low Beautity MY
VS 150	
94	355

STAGE OF PERAD THE RESIDENCE OF THE PARTY OF T THE SECTION OF THE SE WEST CONTROL TO THE PROPERTY OF THE PROPERTY O 

James Dougles

4940 Eastern Ave.

Charlie Douglas

BIRTH NO

1. NAME OF DECEASED (Type or Print)

A. Baltimore City, Maryland

rth of stay in Baltimore

IOA. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Track Man 13. FATHER'S NAME

Negro

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

6. COLOR OR RACE

3. PLACE OF DEATH:

B. FULL NAME OF

HOSPITAL OR

INSTITUTION

Male

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Yrs. Mos.

Days

INDUSTRY

52 3978

before admission)

WHAT COUNTRY?

U.S.A.

Balto, City

16 yrs.

Railroad

7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)

16. SOCIAL

SECURITY NO.

Married

10B. KIND OF BUSINESS OR

(If not in hospital or institution, give street address or Baltimore City Hospitals cation)

		OF DEATH	4-	22	2-52
7	here	deceased B. COU		lf	institution : residence

Registered No ...

Md. BALTO. (If outside corporate limits, write RURAL and give C. CITY OR TOWN Baltimore

o. STREET ADDRESS (If rural, give location)

501 K. St. Sp. Pt. -19

8. DATE OF BIRTH 9. AGE (In years) If Under 24 Hours last hirthday) Months Days Hours Min. Oct. 8, 1913 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

S. C. 14. MOTHER'S MAIDEN NAME

Ka+e McDowell

4. USUAL RESIDENCE (W

A. STATE

17. INFORMANT E. C. H. Recerds, 4940 Eastern Ave.

INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Toxic Nephrosis, cause undetermined (This does not mean the mode of dying, e.g., 1 wk heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Toxic Hepa+i+is l week DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDERabout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

, 1952 to April 22 , 1952, that I last saw the 22. I hereby eertify that I attended the deceased from April 17 deceased alive or April 22, 1952, and that death occurred at 1.55PM., from the causes and on the date stated above.

23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 4940 Eastern Ave.

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

4/27/1952 Arbutus Memorial Burial

1 1000 Beauty DATE RECEIVED BY REGISTRAR'S SIGNATURE REGISTRAR

VS 150

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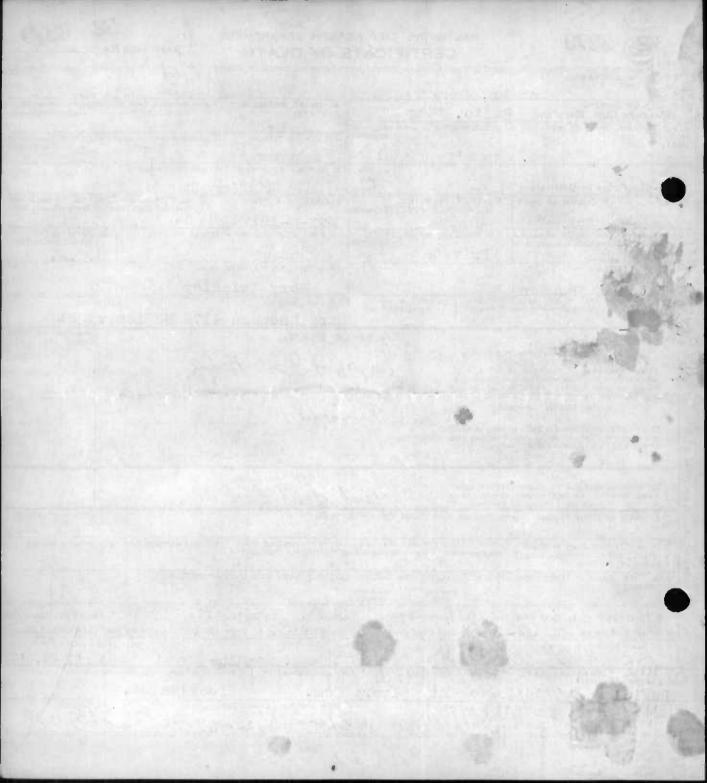
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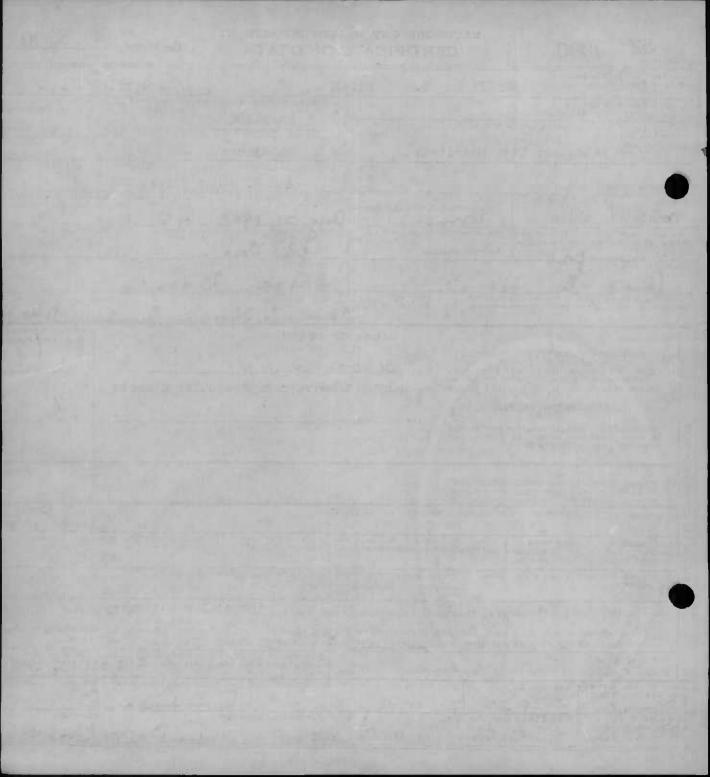
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3979 Registered No.

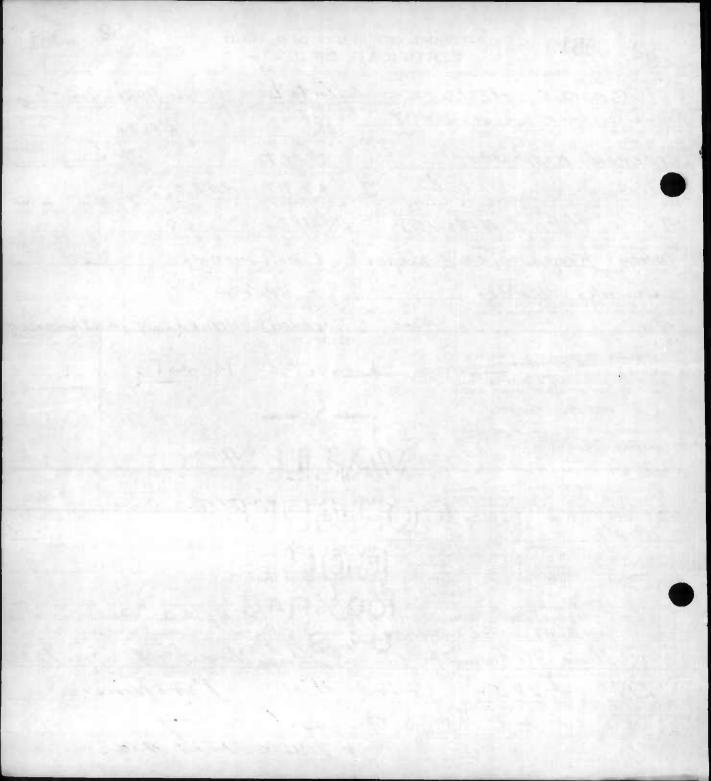
BIRTH NO.		CERTIFICATI	OF DEATH		
1. NAME OF DECEASED (Type or Print)				2. DATE OF	
Snow	den, Th	eresa Mary		DEATH Apri	1 23, 1952
A. Baltimore City, Maryland	Balto.	City	4. USUAL RESIDENCE A. STATE	(Where deceased lived, If B. COUNTY	institution : residence before admission)
B. FULL NAME OF (If not in hospit		ion, give street address or	Maryland		
HOSPITAL OR INSTITUTION		location)	c. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give township)
ull st.	Joseph 1	s Hospital	Baltimore	5-	0
		Yrs. Mos.	o. STREET ADDRESS	(If rural, give location)	
ogth of stay in Baltimore	Life	Days	1173 McElde		
5. SEX 6. COLOR DR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under 1 Year If Under 24 Hours onths: Days Hours Min.
Female   Colored	Sing	le	May-2-1917	34	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Domestic	Priv		Maryland		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
William Snowden			Mary Qui	cklev	
15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
II O	on or service)	SECURITY NO.	Mary Snowden	1173 McElde	rrv St
18. 1/-21/1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTIV				DNSET AND DEATH
LEADING TO DEA	TH	Vanale	true Henry F	neline	
(This does not mean the mode of heart failure, asthenia, etc. It mes	ans the diseas	e, (A)(			
injury or complication which	caused death	.) DUE TO	two. Heart F		
ANTECEDENT CAUS	SES	RIA	condition		
DISEASES OR CONDITIONS, I	F ANY GIVIN		LANGU 13		
RISE TO THE ABOVE CAUSE (A)	STATING TH				
DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(C)			
<u></u>					
OTHER SIGNIFICANT COND			1 / 11/1	0	
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION			t of Ot love	lung.	
19A. DATE OF OPERATION	9в. MAJOR	FINDINGS OF OPER	ATION	()	20. AUTOPSY?
N N					YES X NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING		CE OF INJURY (e. g., in		(If in Baltimore City, 1	give exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH		ar mil and and 2 in a north or more and But	THEORY COOCK!		
210. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
LOF INJURY	m. 1	WHILE AT NOT WHILE			
22. I hereby certify that I at			17 23 10 52+0	April 23 ,195	2 that I last saw th
deceased alive on April 2;				m the causes and on t	
23A. SIGNATURE	10 15.		3B. ADDRESS	m the causes and on the	23c. DATE SIGNED
E. ( !. !.	Marketon V	A- M.O.	7100 31 0 7	ne Street	April 23, 153
24A. BURIAL, CREMA- 24B. DATE	0.0 1 6	24C. NAME OF CEMETE		D. LOCATION (City, town,	
TION, REMOVAL (Specify)	1050	Mt Calvery	Cem. I	Brooklyn Md.	
DATE RECEIVED BY   REGISTRAR	1952		25/FUNERAL DIRECTO		ADDRESS
LOCAL REGISTRAR	1	1/11:	Flower 15:0	I lan R.	the nul
Tunk	ngrow !	runaus Mai	my wills	on / or or or	
VS 150	0	71.0	1		V
The second secon	- 15 Marie 17	7208	A		



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52 3	RORO			EALTH DEPARTMENT	Registered N	2 3980
BIRTH NO.	1000	CE	KIIFICAI	E OI BLATTI		
1. NAME OF DECE (Type or Print)		OLDIE	N. NI	LAND	2. DATE OF DEATH April	
3. PLACE OF DEAT A. Baltimore City	, Maryland	y.		A. STATE Maryland	Where deceased lived. If i B. COUNTY	nstitution : residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION			rive street address of location	c. CITY OR TOWN (1	if outside corporate limits	, write RURAL and give township)
B	altimore Ci	ty nospit	E.I.S Yrs.	Baltimore D. STREET ADDRESS (I	f rural, give location)	
north of stay	in Baltimore		Mos. Days	170 C Ma	con Street	
	COLOR OR RACE	7. SINGLE, MA	ARRIED.	8. DATE OF BIRTH	19. AGE (In years)	Under 1 Year   If Under 24 Hours nths: Days   Hours   Min.
female	white	WIDOWED,	DIVORCED (Specifi	Que 21 1902	1	
10A. USUAL OCCU		108. KIND OF	BUSINESS OR INDUSTR		foreign country)	12. CITIZEN OF WHAT COUNTRY
Desmour	els)	Stame		La Da	•	
13. FATHER'S NAM	IE D			14 MOTHER'S MAIDEN	AME	
15. WAS DECEASED I	EVER IN U.S. ARMED	FORCES?   16	. SOCIAL	17: INFORMANT	1) Leave	DDRESS
(Yes, no or unknown)	(If yes, give war or dates		SECURITY NO.	Breeze to Sto	and American	Lass Dles
18. 442			CALISE	OF DEATH		INTERVAL BETWEEN
DISEASE	OR CONDITION	DIRECTLY	0,100			ONSET AND DEATH
(This does no	EADING TO DEAT of mean the mode of	TH of dying, e.g.,	(A) Cerel	oral hemorrhage		
	asthenia, etc. It mea mplication which c		DUE TO hyper	rtensive cardiovas	scular disease	
1A	NTECEDENT CAUS	SES				
Z DISEASES C	R CONDITIONS, I		(B)		•••••••	
DISEASES CORISE TO THE UNDERLYIN OTHER SIG TRIBUTING TO THE DISE	ABOVE CAUSE (A)	STATING THE	(C)			
<u>C</u>			(0)			
OTHER SIG	NIFICANT CONDI	TIONS CON-				
TO THE DISE	ASE OR CONDITION	CAUSING IT.				20. AUTOPSY?
19A. DATE OF	OPERATION 1	98. MAJOR FI	IDINGS OF OPE	ERATION		YES NO Y
21A. EXTERNAL UNDERLYING UTING CAL	OR CONTRIB-	about home, farm,	OF INJURY (e. g. actory, street, office bldg		(If in Baltimore City, g	rive exact location)
	onth) (Day) (Year)	1	INJURY OCCUR	RED 21F. HOW DID INJUI	RY OCCUR?	
OF INJURY		m. WHIL	E AT NOT WHIL	E		
22. I certify	that I took char			above, held an inspec	ction & inquir	Y thereon and from
the enide	nce obtained hu	enid Autones	Inspection or	Inquiry, find that said	deceased died on th	e day stated above
and deat	h in my opinion	resulted from	i: natural caus	ses M, accident [], suicid	e [], homiciae [], u	ndetermined [].
23A. SIGNATU	. // // 1	urlasle		ASSISTANT MEDICAL M.D. MEDICAL INVESTIGA	ATOR AT	pril 25, 1952
24A. BURIAL, CRE	MA- 24B. DATE	240	NAME OF CEME	TERY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)
DATE RECEIVED	BY REGISTRAD	S SIGNATURE	work	25. FUNERAL DIRECTOR	ilm iss can	ADDRESS
LAPPREGES		ugton Wil	lisais, Mi	2 20 30 3	Imen Deso:	3 Edmondson
V S 151		0		HOWARD		4



5	34						
BII	52 RTH NO.	3981			EALTH DEPARTMENT E OF DEATH	52 Registered No.	3981
1.	NAME OF pe or Print)		WEN	DEL - C	SindeL	2. DATE OF DEATH APRIL	23-52
A. B. I	PLACE OF Baltimore FULL NAME SPITAL OR	DEATH: City, Maryland OF (If not in ho	buthera	m HOSS.	A. STATE	Where deceased lived. If insti B. COUNTY  BALT	before admission)
IN	UTHER	1 11	p. Md.	location)	C. CITY OR TOWN (I	f outside corporate limits, wr	township)
c.	egth of	stay in Baltimor	. (	8. Yrs.	D. STREET ADDRESS (I	f rural, give location)  ATAISCO	
-	SEX M	6. COLOR OR RA	WIDOW W13	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Months	I Year   If Under 24 Hours   Days   Hours   Min.
work	AUSKA		red) 108. KIND	OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or:	foreign country) 12.	CITIZEN OF WHAT COUNTRY?
13.	HOSE	NAME We	vdeL.		14. MOTHER'S MAIDEN N		
15 (Yes	WAS DECEA	SED EVER IN U. S. AR	MED FORCES? dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT BERNARD WEN	ADDR	ESS D 7 //acm acm h
IFICATION	(This do heart fail injury of DISEASI	ASE OR CONDITION LEADING TO D se not mean the modure, asthenia, etc. It is complication whice ANTECEDENT CA ES OR CONDITIONS THE ABOVE CAUSE LYING CONDITION	EATH Ic of dying, e. g means the diseas h caused death AUSES 5. IF ANY, GIVIN (A) STATING TH	(B)	rabetes Y	MeLLiTes	ONSET AND DEATH
CERTI	TRIBUTIN TO THE	SIGNIFICANT CON IG TO THE DEATH, B DISEASE OR CONDIT OF OPERATION	UT NOT RELATE	0 ()14	betic TANGE	eave PriFoot.	3Mos.
EDICAL	NO	NE DENT WAS UNDER		CE OF INJURY (e. g.,		(If in Baltimore City, give	YES NO
MED	CAUSE OF	OR CONTRIBUTING	about home, f	arm, factory, etreet, office bidg.,		OCCUPA	
	F INJURY			WHILE AT NOT WHILE AT WORK		A OCCURY	
		alive on 4/23			2 / , 19 52, to 4 rred at 3:40Pm., from 138. ADDRESS	the causes and on the d	at I last saw the ate stated above.  3c. DATE SIGNED
24 TIO	A. BURIAL.	CREMA- 24B. DAT	8.52	24C. NAME OF CEMETE	RY OR CREMATORY 24D.	Balline	State)
	R 2 5 19		AR'S SIGNATU	Iliams, M.P.	65. FUNERAL DIRECTOR	alany AD	DRESS
	VS 150	1 1 1000	2	90 6M	130 €.7	out Ave.	

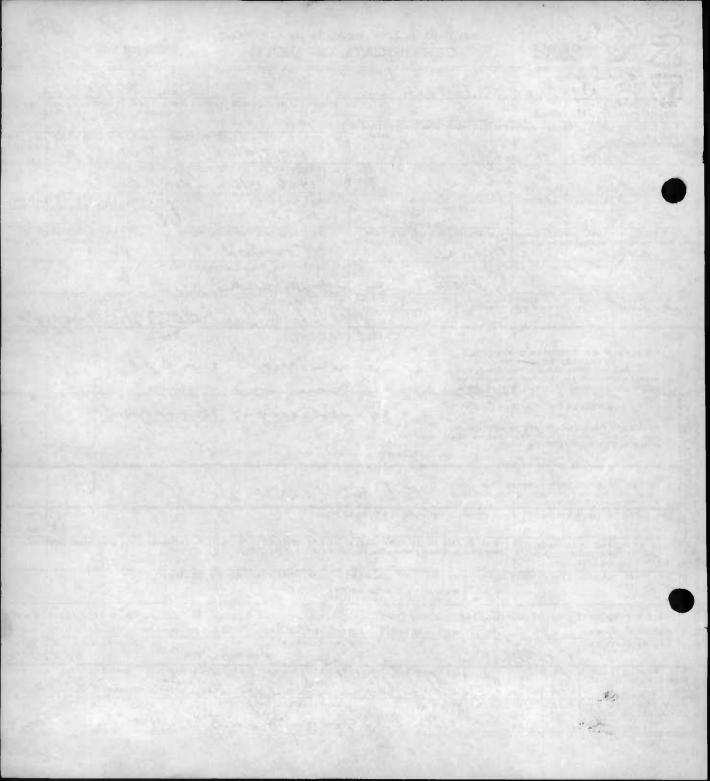


# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

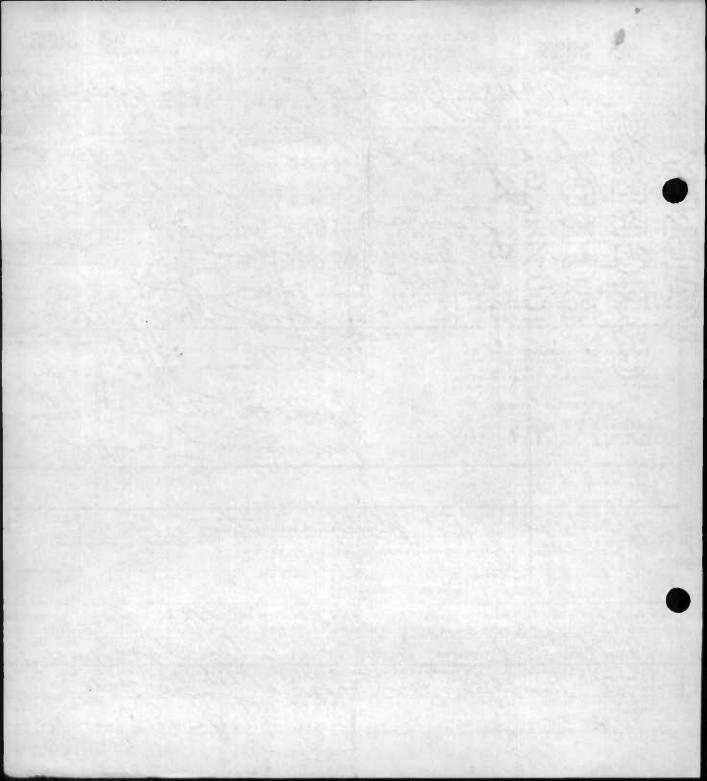
52 3982

Registered No.\_\_\_\_

I. NAME OF DECEASED (Type or Print)  MARGARE TE.BITZEL	2. DATE OF DEATH 4/2 4/5 2			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
Unstitution Sina; Horpital	BALTIMORE (0-0 township)			
Lifo Yrs. Mos.	o. STREET ADDRESS (If rural, give location)			
ngth of stay in Baltimore Days  5. X   6. COLOR OR RACE   7. SINGLE, MARRIED.	1409 Blooming State Red.   8. DATE OF BIRTH   9. AGEALD years   H Under   Year   H Under 24 Hours			
F WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGEAIN years if Under Veer lif Under 24 Hours last oirthday) Months: Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
NURSE Nurse	meizhanel			
Philip P. Rital	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL (Yea, no or onlanowo) (If yea, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
SECURITY NO.	no John 6. Burdelle, 2913 Masher St.			
18. 200 /   CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	maker spacement accordingly			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	7 400 99			
ANTECEDENT CAUSES	1 1			
O DISEASES OR CONDITIONS, IF ANY, GIVING	phosacoma of Thyroid gland			
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.				
<u>r</u> (c)				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED  P. Loweling	n of small bowel			
TO THE DISEASE OR CONDITION CAUSING IT.	and the second s			
198. MAJOR FINDINGS OF OPER	20. AUTOPSY?			
218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., c				
2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURR. OF INJURY  WHILE AT WORK AT WORK				
	#/21 , 1952, to 4/24 , 1952, that I last saw the			
deceased alive on 4/23, 1952, and that death occur	rred at 12:48 Am., from the causes and on the date stated above.			
23A. SIGNATURE M.O. 2	Sen Appress 200 spirited 23c. DATE SIGNED 4/2 1/52			
24A. BURIAL, CREMA- 2AB. DATE 149N, REMOVAL (Specify)	eisters legy. Westminster. Md.			
DATE RECEIVED BY REGISTRAR'S SIGNATURE  APR 25 1352 Huntington Villaurs, March	Harris H. withte 4101 Edwardson			
VS 150 0588	T au			



B	(4) B	-413							
	52	2083			HEALTH DEPART		Registered	52 3	3983
	IRTH NO.	9900	•	JERTIFICA	TE OF DEAT			1140,	
	NAME OF DE	CEASED YRA	VK	BELI	BOT	2	OF DEATH	buil-	13,198
	. PLACE OF DE. Baltimore Ci		Bal	7. mx	4. USUAL RESIDI	ENCE (Where		If institution bef	: résidence ore admission)
H	FULL NAME O	F (If not in hospit	al or institution	on, give street addres	on) c. CITY OR TOWN	(If outs	ide corporate lin	nits, write RI	IRAL and give
4	NSTITUTION I	ugland	Mn	und Hos	6. 13	relt	mor	e 16	- Otownehip)
	ngth of sta	ay in Baltimore	// 3	ys - Mo		ESS (If rura	l, give location)	nd	Pkw
5	ALCOHOL: MANY	5. COLOR OR RACE	7. SINGLE		8. DATE OF BIRTH	1 9.	AGE (in years last birthday)	H Under 1 Year Months: Days	H Under 24 Hours
10	MAL OCC	UPATION (Give kind of	m	OF BUSINESS OR	Jan. 25	794	58		
wor	k done during most of	working life, even if retired)	disle (	Plus est	They Pola	nol	- Country)	12. CITI	T COUNTRY?
13	B. PATHER'S NA	HME /	an.	11-1-1	14. MOTHER'S MA	IDEN NAME	2		
1:	. WAS DECEASED	EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	3.	Jan La	ADDECA.	-1
(Y.	m, no or unknown)	(If yes, give wer or date	of service)	SECURITY NO	m	14	forma 1	Sella	1
	18. /6	3 × 1		CAUS	E OF DEATH	7/1	411		VAL BETWEEN T AND DEATH
		OR CONDITION LEADING TO DEAT not mean the mode of	TH	(A)	Italecto	-	- Jellite	ug.	10_
	heart failure	e, asthenia, etc. It mea complication which c	ns the disease		0				
_	A	NTECEDENT CAUS	ES		( sede >	z fa	ile	= 1	Lus
NOT NO	RISE TO THE	OR CONDITIONS, I	STATING THE		7) -		1 1		/
RTIFICATION	UNDERLYII	NG CONDITION LA	ST.	(C)	meino	ne j	Hu	7/10	<i>-</i>
TIF	OTHER SIG	II GNIFICANT CONDI	TIONS CON-			0	,		
CEF	TRIBUTING '	TO THE DEATH, BUT EASE OR CONDITION	NOT RELATED						
AL	19A. DATE OF	OPERATION 1	9B. MAJOR	EINDINGS OF O	PERATION	ton	- Ca	20. YES	AUTOPSY?
EDICA		NT WAS UNDER- CONTRIBUTING		CE OF INJURY (e. rm, factory, street, office bl	g., in or   21c. WHERE D		Baltimore City		
ME	CAUSE OF D		(Hour) 2	1E. INJURY OCCU	RRED 21F. HOW DID	INJURY O	CCUR?		
	OF INJURY		w	HILE AT NOT WH	ILE				
		certify that, I att			4/1/ ,195	201/			last saw the
	deceased alin		, 19,5 Aa	nd that death oc	curred at 3 m.	, from the c	causes and on		tated above.
-	Cera	thong o	Verso	ne Monto.	prayla	1 gr	X st	- 4/2	3/02
Tr	AA BURIAL, CR	ecify)	26/50	AC. NAME OF CEM	A La Sall	19/3	TION City tow	ud,	(State)
L	ATE RECEIVED	BY REDISTRAR	SPIGNATUR	RE	25. JUNERAL DIR	EGTOR //		ADDRES	s
-	2519	52 井丘	to M	thaus Mo	Harry N.	With the	41016	dnon	door
	VS 150			97011	6	, 0			am
				7/04	9				

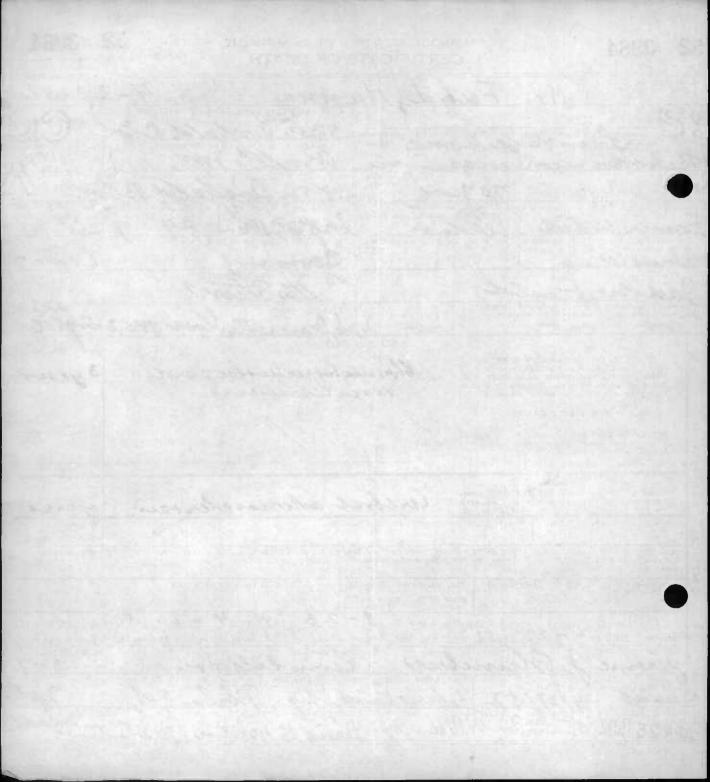


1430 52 3984

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3984

ВІ	RTH NO.	CERTIFIC	CATE OF DEAT	H Registe	ered No.
1. (T	NAME OF DECEASED MYS	Fuld.	Hanna	2. DATE OF DEATH	4-23-52
Α.	PLACE OF DEATH: Baltimore City, Maryland		A. STATE		ved. If institution: residence TY before admission)
H	FULL NAME OF (If not in hospital or in DSPITAL OR Jewis Control of the Control of	institution, give street add	ress or cation) c. CITY OR TOWN	(If outside corporate	e limits, write RURAL and give
G	Selvelee art Tre	mapingan	u Ball	5 mc	5 - ponition
С	ngth of stay in Baltimore 7	o years	Yrs. D. STREET ADDRESS Mos. Days 3852	ochelos	Bloc
1	SEX 6. COLOR OR RACE 7. S		Specify) 8. DATE OF BIRTH	9. AGE (In yet last birthda)	ars If Under I Year If Under 24 Hours y) Months Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of dope during most of working life, even if retired)	KIND OF BUSINESS	OR 11 B RTHPLACE (S	State or foreign country)	12. CITIZEN OF
_	Jourse Work	DON	Germa	my	WAT CONTRY?
(	Addre Filo		14 MOTHER'S MA	IDEMNAME 7	
Ye (Ye	. WAS DECEASED EVER IN U. S. ARMED FOR , no or unknown) (If yes, give war or dates of ser	CES?   16. SOCIAL vice)   SECURITY	NO 17 INFORMANT	11	ADDRESS Date
	no no	mo	Mrs Jeanne	tto Hoss 3	852 Dofield
	18. 443 X I DISEASE OR CONDITION DIRE	CTIV	ISE OF BEATH		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dvir	ng, e. g., (A) 6hr	onic hyperten	wive cardi	s 3 years
	heart failure, asthenia, etc. It means the injury or complication which caused	death.) DUE TO	escular dis	erse	
7	ANTECEDENT CAUSES	(8)	1/		
LIO	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT	GIVING			
ICA	UNDERLYING CONDITION LAST.	(C)	•		
TIF	OTHER SIGNIFICANT CONDITION	5 600			
CERT	TRIBUTING TO THE DEATH, BUT NOT I	RELATED LEVE	brel astern	selerose	· years
AL.	19A. DATE OF OPERATION 0 19B. M	AJOR FINDINGS OF			20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER- 21	B. PLACE OF INJURY			YES NO City, give exact location)
ME	CAUSE OF DEATH	t home, farm, factory, street, offic			
	INJURY (Month) (Day) (Year) (House	WHILE AT NOT	WHILE	INJURY OCCUR?	
	22. I hereby certify that I attende		8-23,194	7 +0 4 - 23	1952, that I last saw the
	deceased alive on 4 - 23, 19.	52, and that death	1, 1 4 /	,	on the date stated above.
	GRATURE J. Blu	melera).	23B ADDRESS	le Karre	23c. DATE SIGNED 4-23-57
2.4 TIC	A. BURIAL, CREMA 24B. DATE N. REMOVAL (Specify)	24C. NAME OF CE	METERY OR CREMATORY	24D. LOCATION (City,	
D	TE RECEIVED BY LANGISTRAN S.SIG	- Hebrewt	25. FUNERAL DIR	Thela Pa	1 ADDRESS MA
LC	DR 25 1932 Huntington	Williams No	Photo Ph	200 / 20 / 20 ·	18 There

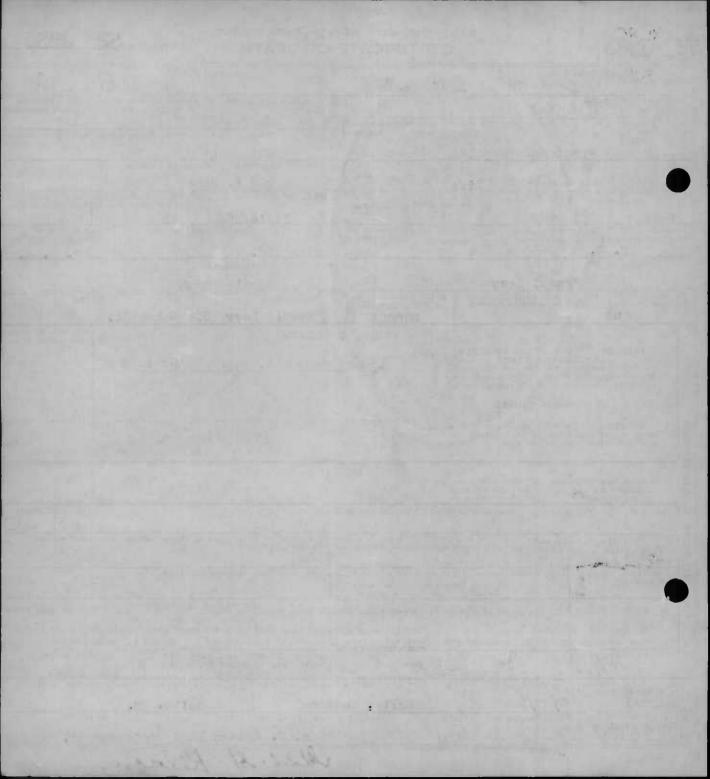


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1	6		
200	0	100	-
12		(4)	3.7
BIR	гн Ү	10.	,0

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3985

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) INEZ II	VY WATERS		2. DATE OF DEATH APT:	il 23, 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF "f not in hospital or instituti	on give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission		
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If	1 5	write RURAL and give township)
Provident Hospital		Baltimore		-01
ength of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location) aker Street	
	Days   . MARRIED.	8. DATE OF BIRTH		I Under 1 Year   It Under 24 Hours
Female Colored WIDOW	ED, DIVORCED (Specify)	11/14/26	last birthday) Mo	onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
He We		Balto .Md.		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	/
Ernest Levy		Bessie Sn	nith	1/
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
no	none	Bessie Levy 6	06 Baker St	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVIN- RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE! TO THE DISEASE OR CONDITION CAUSING IT OTHER SIGNIFICANT CON	(B)	pneumonia, right		
TOWN DATE OF OF ENDINGER   TOO I WAS DO IN	FINDINGS OF OPERA			YES X NO
UNDERLYING OR CONTRIB. about home, fa	CE OF INJURY (e. g., in rm,factory,street,officebldg.,et	or 21c. WHERE DID (If	in Baltimore City, g	ive exact location)
F INJURY	HILE AT NOT WHILE WORK	D 21F. HOW DID INJURY	OCCUR?	
the evidence obtained by said Autor and death in my opinion resulted fr	psu. Inspection or In	Autopsy, In quiry, find that said dec	aspection or Inquiry ceased died on th	thercon and from e day stated above, ndetermined
23A. SIGNATURE	DK M.	238. CHIEF MEDICAL E. ASSISTANT MEDICAL E.	XAMINER 23	c. DATE SIGNED Dril 24. 1952
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 4/28/52	4c. NAME OF CEMETER Balto . Na	Y OR CREMATORY 24d, LO	CATION (City, town, Balto. Md.	or county) (State)
APR 25 1952 LE & + 14	RE	Geo. G. Kalson	1303 Pressta	ADDRESS
VS 151	chiatus, 19	1801.11.	Val-	11/

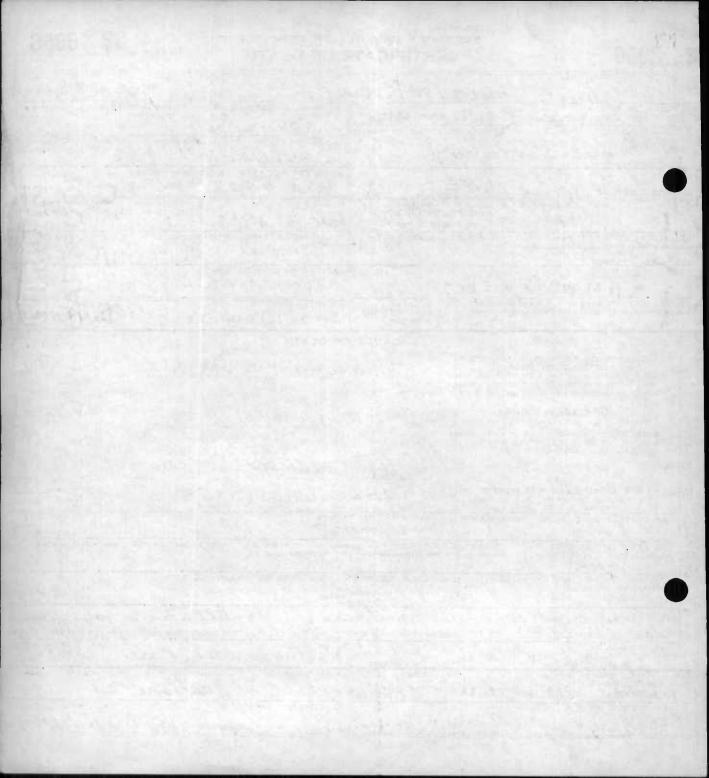


3 40 2 3986

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3986

BIF	RTH NO.						
1. I (Ty	NAME OF D		IORE.	TTA KION	NELL	OF DEATH PRE	L Z 3,1952
3. F	Baltimore	EATH:	0	IMORÉ	4. USUAL RESIDENCE (V	Where deceased lived, If in B. COUNTY	stitution: residence before admission)
B. F	ULL NAME			ion, give street address or	MARYLAM		0 30
	SPITAL OR	11 22 5		location)	C. CITY OR TOWN (If	outside corporate limits,	Wit RIMAL and give township)
0	0	403 200	17 MM	HY	BALTIMO	RE IV	township)
			, ,	Yrs.	D. STREET ADDRESS (If		
		tay in Baltimore	415	Mos. Days	403 2007	MUNAY	
5. 5	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If the	ths: Days Hours; Min.
	1.	W.	M	ARRIED	AUG. 31, 1900	51 7	
work	dopeduring most	CUPATION (Give kind of working life, even if retired	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		2. CITIZEN OF WHAT COUNTRY?
	FATHER'S				14. MOTHER'S MAIDEN N		0 0111
	T		V121V	5.	RNNAM	ORAN	V
15. (Yes,	WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT I.M. KIOWI	ELL. 4038	QUITHWHY
	18. Lf L	13 V		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY						
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) BRONCHO-INEUMONIA						WAYS.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	경에 기계를 사고 있는데 있다면 하면 하면 하면 하면 하면 하면 하는데 하면 하면 하면 하면 하면 하다.						51/
7	ANTECEDENT CAUSES  (B) POPLEXY						8 YEARS.
0		S OR CONDITIONS,		VG.			
AT	UNDERL	YING CONDITION	AST.				
임				HVP	ERTENSIVE C	- 01621A	
Ē	0=1150	11	NITIONS				F./-
ERT	TRIBUTIN	SIGNIFICANT CONE G TO THE DEATH, BU	T NOT RELAT	LD VAS	CULAR DIS	EASE	8 125.7
U -		OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
A	1	ONE 0					YES NO X
EDICA		ENT. SUICIDE,	21B. PL/	ACE OF INJURY (e. g., i		If in Baltimore City, giv	ve exact location)
	HOMICIDE	(Specify)	about nome,	farm, factory, street, office bldg.,	INSURT OCCURT		
Σ .		(Month) (Day) (Yea:	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	FINJURY		m.	WHILE AT NOT WHILE			
	22. I herel	by certify that I ar	ttended the	deceased from FE	13. 6, 1952, to 17	PRIL 23, 1902	that I last saw the
					rred at 9.55p.m., from t	he causes and on the	date stated above.
-	23A. SIGNA	TURE	()	2	38. ADDRESS	.=. H.va	23c. DATE SIGNED
	(1)	Thur !	ark	2-10-	+230 HOCH FA		4.23.24
TIO	A. BURIAL. N REMOVAL ( Buraa	Specify	6,1952	LAC NAME OF CEMETE	GAL B	alson (City, town, o	r county) (State)
DA	TE RECEIVE	D BY   REGISTRA	R'S SIGNAT	JRE	25. FUNERAL DIRECTOR		ADDRESS
LO	APR 2	5 1952 + + +	nator	Villiams, Mg	6- Verna Lemon	10n. 4611 Park	Heighto ave
	VS 150		1		Of the		



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3987

ADDRESS

1217 St. Paul Street

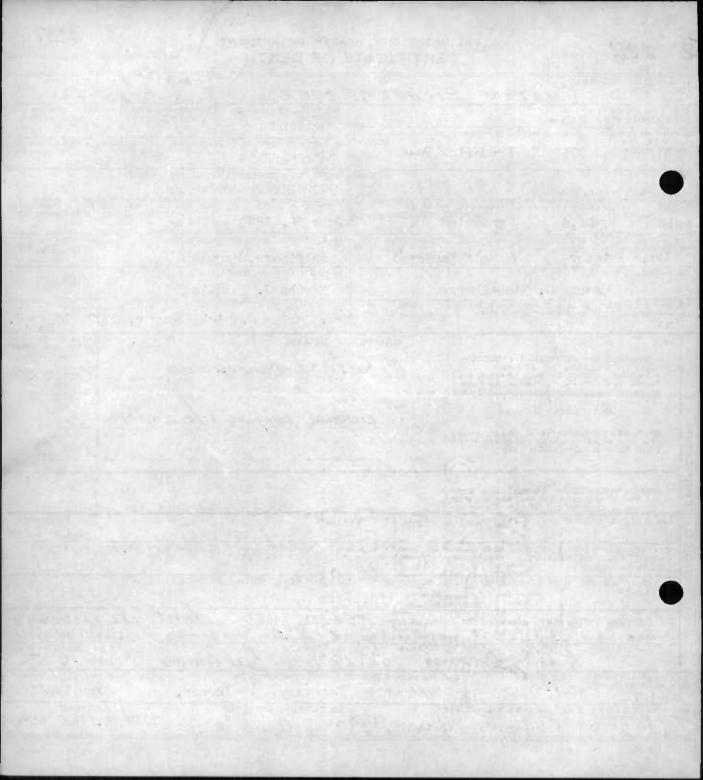
Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) EICHELBERGER LINTON DEATH 4-4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate fimits, write RURAL and give INSTITUTION 3732 Old Frederick Road township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3732 Old Frederick Road c. Dength of stay in Baltimore Days 5. SFX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | If Under I Year | Il Under 24 Hours last birthday) | Months; Days | Hours | Min. WIDOWED DIVORCED (Specify) male white June 30, 1885 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
House Painter INDUSTRY WHAT COUNTRY? Self Employed Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CONST George C. Eichelberger Martha J. Baldwin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Mrs. Marian A. Eichelberger, 3732 Old Fred. (If yes, give war or dates of service) (Yes, ao or uaknown) SECURITY NO. no INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO mmany sike underton. ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSV MEDICAL VES 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 1952. and that death occurred at 3° Am. from , 1952, that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 4- 2  $m{A}$  m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4-25-52 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24b. LOCATION (City, town, or county) 248, DATE Meadowridge Cemetery Dorsey. Marvland burial

25. FUNERAL DIRECTOR

LOCAL REGISTRAR VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE



5	30.	
5	3988	
01000	11 110	

3988 BIRTH NO.	3	DAI	CERTIFICATI	E OF DEATH	Regist	ered No-	3988
1. NAME OF D (Type or Print)		rank M.	. Kennedy		2. DATE OF	April 2	24, 1952
B. PLACE OF D A. Baltimore ( B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland		ion, give street address or location)	4. USUAL RESIDENCE A. STATE Maryland c. CITY OR TOWN Baltimore	(Where deceased li B. COUN	ived. If inst ITY	
c. Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS 1715 N. Calve:		ion)	
5. SEX	6. COLOR OR RACE	7. SINGLI WIDOW Mari	E, MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH April 30, 1881	9. AGE (In ye last birthda	ears if Unds	ar I Year If Under 24 Hours B Days Hours Min.
ork done during most	CUPATION (Give kind of of working life, even if rotired) ngineer - Ret		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Baltimore Co. 14. MOTHER'S MAIDEN	unty, Mary		CITIZEN OF WHAT COUNTRY
	Peter Ke	nnedy		Margaret Elw	ood		
15. WAS DECEASI Yes, no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO. 215-05-0259	17. INFORMANT Margaret Kenne		. Calv	
(This does heart failu injury or DISEASE:	D	FM dying, e. 1 ns the diseas aused death ES FANY, GIVIN STATING TE		oronay Oct metiple la rterio Soler	lusion lusis		ONSET ANO DEATH
TRIBUTING	II IGNIFICANT CONDI IS TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATE	0			******************	
19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
	DENT WAS UNDER PRICE CONTRIBUTING DEATH	218. PL	ACE OF INJURY (e. g., it farm, factory, street, office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore	City, give	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK							
	TURE Your	, 195V.	deceased from ay and that death occur	rred at \$ 1 m., from 1951, to	n the causes and	d on the d	date stated above
burial	4/26/52		Holy Redeeme	er Cemetery	Baltimore	,	Maruland
APR 25		tor /	Iliams M	Vm. Cook &			. Paul St.

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on so so

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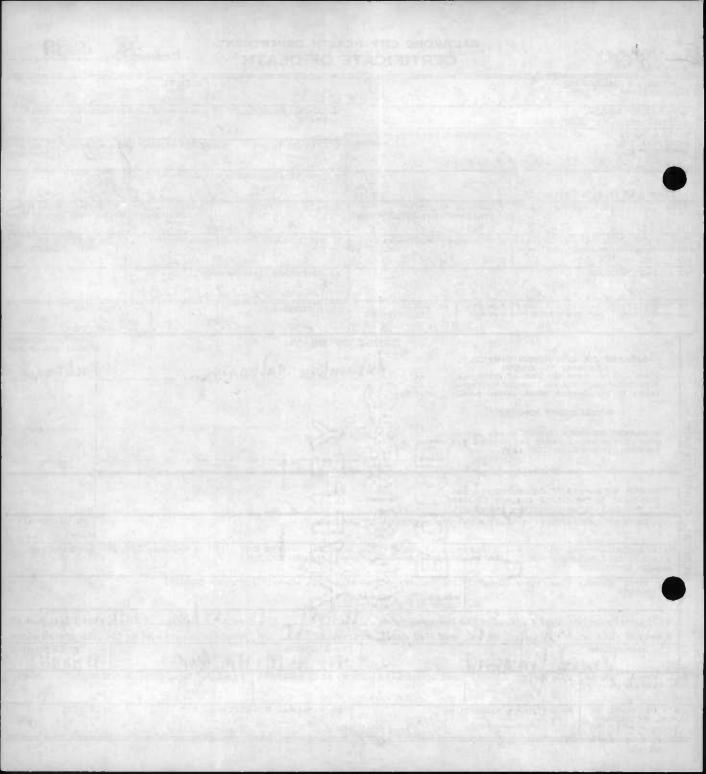
3421 Below Old 4/34/31

#### BALTIMORE CITY HEALTH DEPARTMENT

Southware 15:3 MERTEN Clay, OR E739

Registered No. 3989

BI	RTH NO.	L OI BEATH	
(T	NAME OF DECEASED Michael M. Rzz	2. DATE OF 4/24	52
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution; residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	md.	
	STITUTION / S W. W.	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give township)
4	Yrs.	D. STREET ADDRESS (If rural, give location)	
C.	Length of stay in Baltimore Mos. Days	2524 E. Hothe	un st.
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In yyars) I Under last birthday) Month	r 1 Year   If Under 24 Hours
-	Male White Single	3/21/1902- 50	Days Hours wim.
	A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT COUNTRY?
10	Lather Building	Balto, Md.	
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	uniqueda VELZ	
(Ye	, no or unknown) (If yes, give war or detes of service) SECURITY NO.	17. INFORMANT Smith 1719 M. Cha	
	18. 002 / CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	) DEATH	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A)	iculosis, pul morroa	W it twents
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		***************************************
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		A HISTORY
in in	(C)		
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-		
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20, AUTOPSY?
N.	0		YES NO
1EDICAL	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e		exact location)
-	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY	ED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE WORK AT WORK		
	22. I hereby certify that I attended the deceased from		hat I last saw the
	deceased give on 191V, and that death occur		
	234. 31314410/12	SB. ADDRESS	3c. PATE SIGNED
	Warrand Land to A. C.	1513 N. MILLEM MAN	15 Man   8 %
24	A. BURIAL, CREMA- 248, GATE 24C, NAME OF CEMETE	TELS N. MILM MY	county) (State)
24 TIC	Kawana last show aw M.D.	Church Fuller To	
TIC	M. D.  A. BURIAL, CREMA- N. REMOVAL (Specify)  A. BURIAL, CREMA- N. REMA- N. REMOVAL (Specify)  A. BURIAL, CREMA- N. REMA- N. REMOVAL (Specify)  A. BURIAL, CREMA- N. REMA-	Church Fuller To	
TIC	M. D.  A. BURIAL, CREMA- N, REMOVAL (Specify)  A. 24B. CATE  A. 24C. NAME OF CEMETER  A. 25 St. Vos 4/s6s  A. CATE  A. C	Church Fuller To	county) (State)
TIC	M. D.  A. BURIAL, CREMA- N. REMOVAL (Specify)  A. BURIAL, CREMA- N. REMA- N. REMOVAL (Specify)  A. BURIAL, CREMA- N. REMA- N. REMOVAL (Specify)  A. BURIAL, CREMA- N. REMA-	Church Fuller To	county) (State)



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

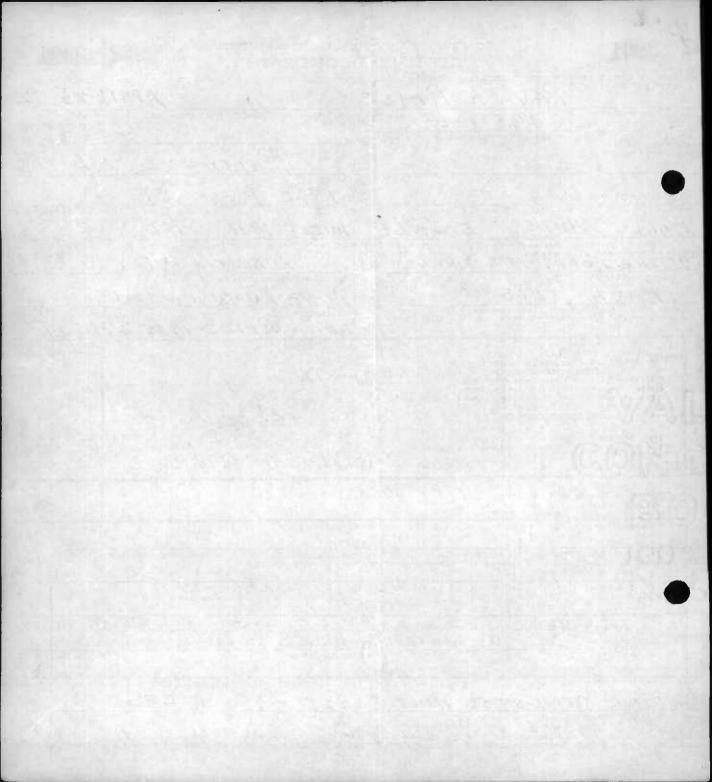
52 3990 Registered No.

BIRTH NO.	
(Type or Print) Gra E. How	12. DATE OF 4/24/1952
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give stree	et address or location) C. CITY OR TOWN (If outside corporate limits) write BURAL and give
INSTITUTION 6308 EVERALL av	C. CITT OR TOWN (II dutate corporate minus write horest and give
6300 CVYHAXX COVY	Yrs. O. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	Mos. 1 2 2 6 8 15 1 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED	7.   B. DATE OF BIRTH   19. AGE (In years)   Under I Year   If Boder 24 Bases
Famala Wish to WIDOWED, DIVORG	GED (Specify) 10/4/19 last hirthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINE	IESS OR 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
ork done during most of working life, even if retired)	INDUSTRY 2/ 4. C D WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
adam no +.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIA	Mary (Kuknown)
Yes, ao or unknown) (11 yes, give war or dates of service) SECUR	RITY NO. MINFORMANT 6 ZEPORES
20	Vames Egleski verall dve
7,00	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND OBATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ataine a Tile of De and States
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	by bus scenic war screen
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	llowdary anemia, severe 5 yr
194. DATE OF OPERATION 198. MAJOR FINDINGS	OF OPERATION   20. AUTOPSY?
0	YES NO .
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJU-	
D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY	Y OCCURRED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT	NOT WHILE
m. WORK	AT WORK
22. I hereby certify that I attended the deceased f	
deceased alive on 2 2 3, 1952, and that de	leath occurred at 42. m., from the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED
adam glivers	M.D. 6232 13 claim (C) Phul 25,1982
24A. BURIAL, GREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME C	OF CEMETERY OR GREMATORY 24D. LOCATION (City, town, or county) (State)
(Emoval 1/2/52 /7	resty/exean Williamsturg 19
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
APR 25 195) Therenger Valuelle	A- My 1- (0018 Yac. 1217 Saul 61.

1	3991	BALTIMO		EALTH DEPARTMENT	Registered No.	3991
	IRTH NO.	CER	RIFICAL	E OF DEATH	registered 140.	
(T		VL A K	FISS		OF DEATH A PRI	1-25-52
Α.	Baltimore City, Maryland	725 BEAT	- 51	4. USUAL RESIDENCE (W	There deceased lived. If in a	itution : residence referendmission)
H	FULL NAME OF (If not in hos OSPITAL OR NSTITUTION	pital or institution, giv	e street address or location		outside corporate limits, w	rite RURAL and give
4					IMORE 1	10 township)
c.	Length of stay in Baltimore		HO Yrs. Mos. Days	D. STREET ADDRESS (If )	PT	
1	MALE WHITE	WIDOWED, DI	RIED, VORCED (Specify	8. DATE OF BIRTH AV6-4 1911	9. AGE (In years If Undo last birthday) Months	T Year If Under 24 Hours Days Hours Min.
10	DA. USUAL OCCUPATION (Give kink done during most of working life, even if retire to the state of	dof 10B. KIND OF B	INDUSTRY	11. BIRTHPLACE (State or fo	- 400	CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME			14. MOTHER'S MAIDEN NA		•
15	PAVA ME	155		ANNA LUMU	160WSK1	
(Ye	5. WAS DECEASED EVER IN U. S. ARI (If yes, give war or d	AED FORCES? 16. S	ECURITY NO.	ANIVA REIS	5-1725 BE	
TIFICATION	DISEASE OR CONDITION LEADING TO DE (This does not mean the mod heart failure, asthenia, etc. It n injury or complication which ANTECEDENT CA  DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION	EATH e of dying, e.g., neans the disease, a caused death.)  USES  IF ANY, GIVING A) STATING THE LAST.	(A) CAUSE  (B) CEU  (C) Hy	te Rugher	les -	INTERVAL BETWEEN ONSET AND DEATH
CERT	TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	ON CAUSING IT				
CAL	19A. DATE OF OPERATION	198. MAJOR FIND	INGS OF OPER	RATION		YES NO
EDIC	21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF about home, farm, factor	INJURY (e. g., i ory,street,office bldg.,	n or 21C. WHERE DID (Induction of Injury Occurs)	f in Baltimore City, give	exact location)
2	o. TIME (Month) (Day) (Yes	ar) (Hour) 21E. IN	JURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
		m. WHILE AT	NOT WHILE			
	22. I hereby eertify that I c	C 1	/	5/ 10 10 to 4/	25 , 195,41	hát I last saw the
٠,	deceased alive on T/V	$19 \ge L$ , and th	at death decur	rfed at 10 11 m., from the	ie causes and on the d	
			M. D.	OS. ADDITEGS	2	3c. DATE SIGNED
7/2	4A. BURIAL, CREMA- DR. REMOVAL (Specify) APRIL-	29-52 H	ME OF CEMETE	RY OR CREMATORY 24D. LC	A A Co-	ounty) (State)
D/ LC	ATTACE WED BY 5 2 REGISTRA	R'S SIGNATURE	aus Miss.	25. FUNERAL DIRECTOR		DRESS &

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2	3992

7	7(3(1))	EALTH DEPARTMENT	52	3992
0	CERTIFICAT	E OF DEATH	Registered No.	
_	NAME OF DECEASED		2. DATE	
(T	PHELPS		OF APRIL	25,195
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	Where deceased lived. If inst B. COUNTY	itution : residence before admission
_	FULL NAME OF (If not in hospital or institution, give street address of	-II MAD	0. 0001111	1.0
HO	DSPITAL OR location		outside corporate limits, w	
4	6000 DELLONA AVE.	BALTO.	1-1-	township
4	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
C	igth of stay in Baltimore LIFE Days		M210N HA	٤.
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Months	s Days Hours Min.
	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country)   12	. CITIZEN OF
rori	done during most of working life, even if retired)	MD.		WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME	V13
	WILLIAM F. KUSSMAUL	UNKNOW	Nu	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	ADDI	RESS
I e	a, no or unknown) (If yes, give war or dates of service) SECURITY NO.	HOWARD E. KU	ISSMAUL	ABOVE
	18. 4 Ta C CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
	LEADING TO DEATH	runder		
	heart failure, asthonia, etc. It means the disease,		•••••••••••••••••••••••••••••••••••••••	,,
	injury or complication which caused death.) DUE TO			
	ANTECEDENT CAUSES	MITTIN - A.C.	lerous	THE WATER
8	DISEASES OR CONDITIONS, IF ANY, GIVING			***************************************
Ħ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
U	(C)	***************************************	***************************************	
L				
2	OTHER SIGNIFICANT CONDITIONS CON-			
H H	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
,	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
CA	- man o	<u> </u>		YES NO L
EDI	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.		If in Baltimore City, give	exact location)
≥	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY	Y OCCUR?	
	MILE AT NOT WHILE AT WORK AT WORK		4.	
	The state of the s	A 0/ 17 21	100-	hat I last on a 12
	22. I hereby certify that I attended the deceased from	, 191 , to		hat I last saw th
	deceased alive on the deceased from and that death occu	228. ADDREAS	the causes and on the	aate statea above 23c. DATE SIGNED
	M. D. M. D.	YI Farla	74 - 3	5719 ul 19

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

(State)

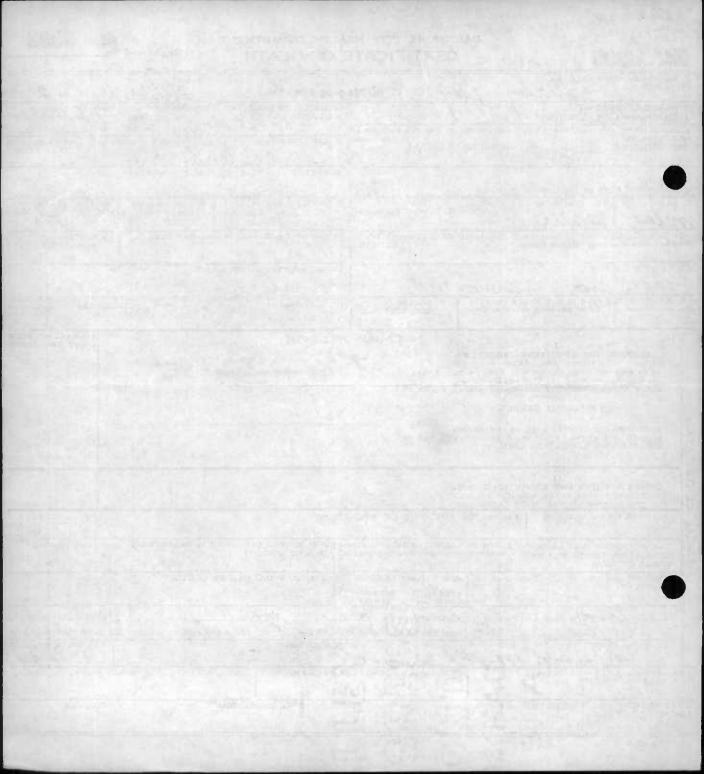
24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY APR 2 5 1952

25. FUNERAL DIRECTOR

ADDRESS

DR CORBIN STREET

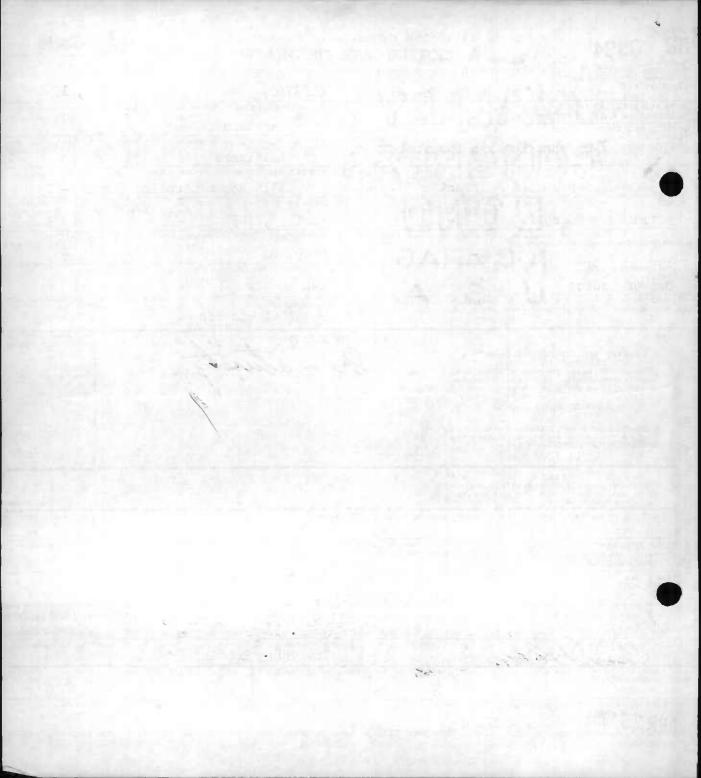
5 93 stelat Disposal				
BALTIMORE CITY HI	E OF DEATH Registered No.			
1. NAME OF DECEASED	1 2. DATE 1			
(Type or Print) Laby Doy Ham	mon DEATH M. /0, /52			
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where decease flived. If institution: residence A. STATE B. COUNTY /3 AL before admission)			
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL location)				
c. Length of stay in Baltimore  Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)			
male White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years II Under I Year Hours Min.)  12. AGE (In years II Under I Year Hours Min.)			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S PAME	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or ookoowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMAN JOHNS HOPKINS HOSPITAL			
DISEASE OR CONDITION DIRECTLY	OF DEATH			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	La contraction of the second			
injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)				
H H				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING 1T.				
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	o or   21c. WHERE DID (If in Baltimore City, give exact location)			
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR				
m. WHILE AT NOT WHILE AT WORK AT WORK				
deceased alive on 4, 1952, and that death occur				
23A. SIGNATURE / M. P. Illian. D.	236. ADDRESS HOPKINS HOSPITAL 236. DATE SIGNED 4. 6.52			
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR APR 25 1952 Huntington Williams Viscon	25. FUNERAL DIRECTOR ADDRESS			
VS 150				



260				
52 3994	0	7	7	-
BIRTH NO. 12-0	R	1	1	1
I. NAME OF DECEASED (Type or Print)	I	ní	a	n

## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 52 -0877	7	CERTIFICATE	E OF DEATH	Registered N	0	001
I. NAME OF DECEASED (Type or Print) Infan	t of Id	la Mae McCrea	(103760)	2. DATE OF DEATH Apri	19,	1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland			4. USUAL RESIDENCE (W			n : residence fore admission
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION The Johns Ho		ion, give street address or location) Iospital	Maryland c. CITY OR TOWN (If Baltimore	outside corporate limits	Country	
congth of stay in Baltimore	Infa	Yrs. Mos. Days	D. STREET ADDRESS (If:	rural, give location)  n Caroline St	reet	<b>-</b> 13
5. SEX 6. COLOR OR RACE Female Negro	WIDOW	E, MARRIED. /ED, DIVORCED (Specify)	April 9, 1952	9. AGE (In years If last birthday) Mo	Under 1 Year	H Hader 24 House
IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or for Maryland	preign country)	12. CITI	ZEN OF AT COUNTRY
13. FATHER'S NAME	T1/000		14. MOTHER'S MAIDEN NA	AME		
Grover McCrea			Ida Rhodes			
15. WAS DECEASED EVER IN U.S. ARMEI Yee, no or onknown) (If yee, give war or date	FORCES? and service)	16. SOCIAL SECURITY NO.	Hospital Record		DDRESS	
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication will be complicated by the complication will be	FH dying, e.g. ns the diseas aused death SES  FANY, GIVIN STATING TH	e, .) DUE TO	remalivit	7		
OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATE	D				
19A. DATE OF OPERATION	9B. MAJOR	FINDINGS OF OPER	ATION		20. YES	AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH		ACE OF INJURY (e. g., in arm, factory, street, nffice bldg., e		f in Baltimore City, g	ive exact	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK						
22. I hereby certify that I att deceased alive on April 9	ended the	deceased from Apr	red at 10.45 Am., from th	eril 9, , 1952 he causes and on th	, that I	last saw the
23A. SIGNATURE	es Co	7 M. O.	зв. Address The Johns Hopki	ns Hospital	23c. D	ATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		HOW DEL	RY OR CREMATORY . 240. LC	OCATION (City, town.	or county	) (State)
APR 25 1952 Huntin	1 1	Villianus 150	25. FUNERAL DIRECTOR		ADDRES	s



98-157946

BALTIMORE CITY HEALTH DEPARTMENT

52 Registered No. 3995

	52 3	995	2225	CERTIFICATI	E OF DEATH	-I Reg	istered No	3000
_	RTH NO.	72-0	1230			2. DATE		
(T;	NAME OF DE	Baby	Boy Bo	yd -Alfreda		OF DEATH		5,1952
3. A.	PLACE OF DE Baltimore C				A. STATE		ed lived. If insti- OUNTY	tution: residence before admission)
	FULL NAME O			on, give street address or location)	c. CITY OR TOWN		prate imits vir	ite RURAL and give
IN	STITUTION	Baltimore C 4940 Easter		pitals		imore	0	township)
7		4740 10001.01	11 21 01	Yrs.	D. STREET ADDRE	ss (If rural, give lo	ocation)	
C.	Length of st	ay in Baltimore	6days	(Life Mos. Days	923 1	Bennett Plac	e zon	e 23
	SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (I	n years If Under	
M	ale	Negro	Singl		March 31-19		unday )	6
10	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S		ry)   12.	CITIZEN OF WHAT COUNTRY
13	FATHER'S N	AME			14. MOTHER'S MA	IDEN NAME		
		Robert	Tangman		Alfreda I	Boyd		
	. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Balt Records: 4940	imore City F	Hospitals	ESS
ERTIFICATION	heart failu injury or DISEASES RISE TO TI UNDERLY	LEADING TO DEA' not mean the mode ore, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) 'ING CONDITION LA	of dying, e. g ns the disease laused death. SES F ANY, GIVIN STATING TH	(B)	erebral Hemo	rrhage		life Life
CERI	TRIBUTING	IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
_	19A. DATE O	F OPERATION 1	9в. MAJOR	FINDINGS OF OPE	RATION			YES NO
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	CE OF INJURY (e. g., arm, factory, street, office bldg.	in or 21c. WHERE D etc.) INJURY OCCU		nore City, give	exact location)
2	INJURY	(Month) (Day) (Year	m.	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?		
	22. I hereb	y certify that I at	tended the	deceased from 3-3	1- , 152	, to 4-5-	, 19 <b>.52</b> , ti	hat I last saw th
	deceased ai	live on 4-5-	, 1952,	and that death occu	rred at 8.30Am.	, from the causes	and on the c	late stated above
	23A. SIGNA		log.	M.D. 4	23B. ADDRESS	Ave.rBaltim	ore.Md.	3c. DATE SIGNED
2 TI	4A. BURIAL. ON, REMOVAL (S	CREMA- 24B. DATE	9	24c. NAME OF CEMET	ERY OR CREMATORY	24D. LOCATION	(City, town, or	
	Crematio	n	4-8-52	B. C. H. Cre	1 25. FÜNERAL DIR	Baltimore	, aryla:	nd DDRESS
	ATE RECEIVE	D BY   REGISTRAR	SSIGNA	ne.	LJ. PONENAL DIN	.)		

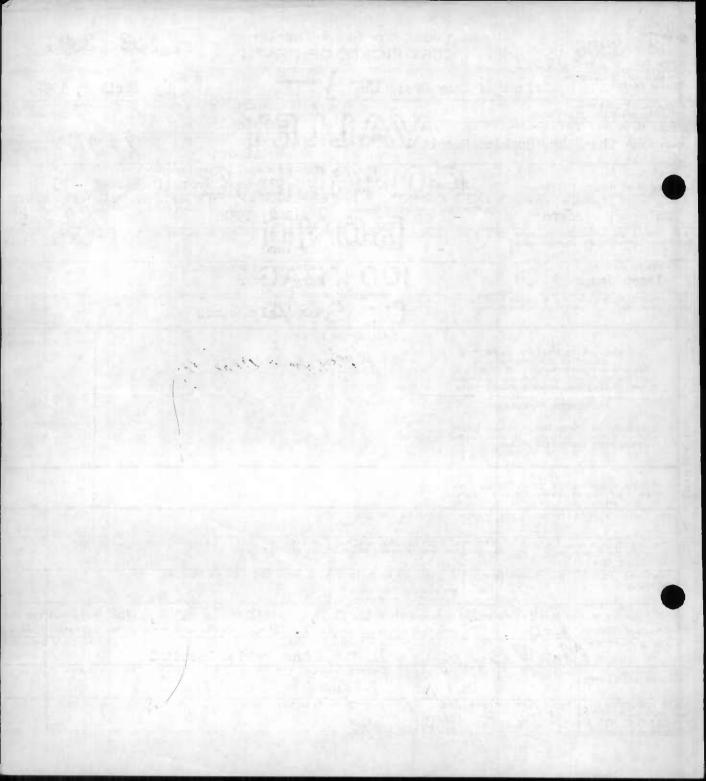
. STATE OF STATE OF STATE ENTONE PARTY a Like the sale of the party of the The state of the s - 1 - Conservations, sort are a femalestic AND SECURED AND SECURED SECURE

#### 6 2 3 52 3996 BIRTH NO. 4 22-6793

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3996

BIRTH NO. 52-07934	E OF DEATH
1. NAME OF DECEASED (Type or Print) Infant of Mary Creighton	2. DATE OF April 2, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION The Johns Hopkins Hospital	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)  Maryland C. CITY OR TOWN (If outside corporate limits, wr)te RURAL and give township)  Baltimore
ngth of stay in Baltimore Infant Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 931 West Franklin Street - 23
Male Negro 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	April 2, 1952  9. AGE (In years of flower I year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ISSAC James	14. MOTHER'S MAIDEN NAME Mary Weaver
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Hospital Records
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	OF DEATH  INTERVAL BETWEEN ONSET AND OEATH
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR WHILE AT WORK AT WORK AT WORK	INJURY OCCUR?
22. I hereby certify that I attended the deceased from April deceased alive on April 2, 1952, and that death occur 23A. SIGNATURE	il 2, , 1952 to April 2, , 1952, that I last saw the red at 2.30P m., from the causes and on the date stated above.  38. ADDRESS  he Johns Hopkins Hospital  RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  25. FUNERAL DIRECTOR ADDRESS
The state of the s	



# 52 3997 BIRTH NO. 52-07935

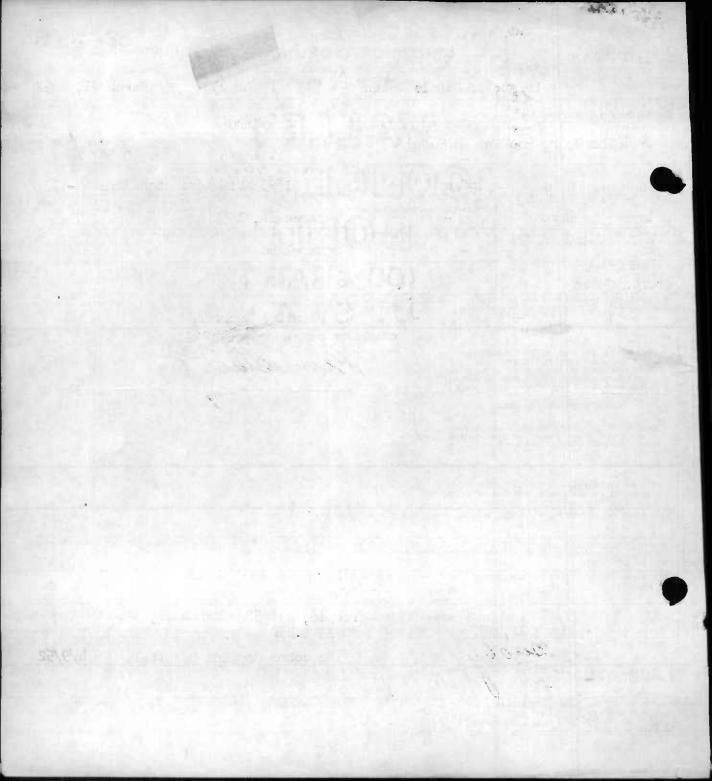
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3997
Registered No.

BIRTH NO. 1 1 1 J	ATE OF DEATH					
1. NAME OF DECEASED (Type or Print) Infant of Mary Creight	on OF April 2, 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)					
HOSPITAL OR INSTITUTION The Johns Hopkins Hospital	ss or i					
ngth of stay in Baltimore Infant M	rs. D. STREET ADDRESS (If rural, give location) os. 931 West Franklin Street - 23					
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spe	8. DATE OF BIRTH April 2, 1952  9. AGE (In years of Days of Da					
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  INDUS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF					
13. FATHER'S NAME Issac James	14. MOTHER'S MAIDEN NAME Mary Weaver					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	o. 17. INFORMANT ADDRESS Hospital Records					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF O	PERATION 20. AUTOPSY7					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office b	g., in or   21c. WHERE DID (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from April 2, , 1952, to April 2, , 1952, that I last saw the deceased alive on April 2, 1952 and that death occurred at 5.40P m., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED						
CONTRACTOR OF THE CO.	ETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOAD RESISTRATES Tuntington Williams M.	25. FUNERAL DIRECTOR ADDRESS					
VS 150						



5	200 2th n3998 52-06	CEDIL		ALTH DEPARTMENT	Registered No.	3998
1.	NAME OF DECEASED	nt of Minnie Q	ueen	(596152) 2	OF March	21, 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or hospital OR location)			2 41 1 -	4. USUAL RESIDENCE (Where A. STATE Maryland		titution : residence before admission)
INSTITUTION The Johns Hopkins Hospital  Yrs.  Mos. Days  Days			Mos. Days	Baltimore 20 township  D. STREET ADDRESS (If rural, give location)  1823 West Lexington Street - 23		
5.	Male Negro	7. SINGLE, MARRIED, WIDOWED, DIVORC				er I Year Is Days Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)		SS OR NDUSTRY	11. BIRTHPLACE (State or forcig Maryla nd	n country)   12	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME  MOTTIS QUEEN  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL			14. MOTHER'S MAIDEN NAME Minnie Woods		RESS	
(Yes	(If yes, give war nr date	s of service) SECUR	ITY NO.	Hospital Records	1	
ERTIFICATION	DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)					
CER	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED				
AL	19A. DATE OF OPERATION	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?)  (If in Baltimore City, give exact location of the control of the cont						exact location)
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  FINJURY  M. WHILE AT WORK AT WORK						
	22. I hereby certify that I at deceased alive on March 21 23A. SIGNATURE Land	tended the deceased fi 1952 and that de	eath occurr	h 16, ,1952 to Marc ed at 5,15p m., from the c B. ADDRESS The Johns Hopkins H	auses and on the	that I last saw the date stated above. 23c. DATE SIGNED 1/9/52
24 TIC	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	249 NAME		Y OR CREMATORY 24D. LOCA		1///
	ATE RECEIVED BY REGISTRAR PR 2 5 1952	s signature	11-	25. FUNERAL DIRECTOR	A	DDRESS
	VS 150	0	and the same			P-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1



#### REA-158242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59	3999
Registered No.	0000
registered no	

BIRTH NO. 52 - 08386 CERTIFICATE OF DEATH Registered No.							
1. (T	1. NAME OF DECEASED (Type or Print) Baby Boy Johnson-Hattie					2. DATE OF DEATH AT	oril 12, 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. Elli L. NAME OF (Maryland in position of institution of ins			4. USUAL RESIDENCE A. STATE aryland				
B. FULL NAME OF A If not in hospital or institution, give treet address or HOSPITAL OR INSTITUTION  4940 Eastern Avenue			c. CITY OR TOWN Baltimore	(If outside corporate day	its write RUDAL and give township)		
	ength of s	tay in Baltimore	1:	Yrs. Mos. Days	D. STREET ADDRESS (	If rural, give location) heeler Avenue	
5.	Male	6. COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Inonths Days Hours Min.
l O work	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY			II. BIRTHPLACE (State of Maryland	r foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	13. FATHER'S NAME  John Johnson			14. MOTHER'S MAIDEN	NAME CAVEVAUGE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.			17. INFORMANT Recerds: B. C. E. 1940 Eastern Avenue				
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,					INTERVAL BETWEEN ONSET AND DEATH	
CERTIFICATION	injury or complication which caused death.)  ANTECEDENT CAUSES  OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
J.	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		YES NO
MEDICAL	ZIA. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
2	ZID. TIME (Month) (Day) (Year) (Hour)  ZIE. INJURY OCCURRED  ZIF. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK  AT WORK						
	22. I hereby certify that I attended the deceased from 4-12, 53, to 4-12, 152, that I last saw the deceased alive on 192, 192, and that death occurred a 5:55, 2 m., from the causes and on the date stated above.						
	23A. SIGNA	TURE S. 2	los	Eu M.O. 3	38. ADDRESS 4940 Eastern Av	enue	13c DATE SIGNED
TIC	24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) Cremation B. C. H. Crematory Baltimore, Maryland						
-	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS  APR 25 1952 Tuntington Williams 11.3						
	We too						

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VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered No. 400

\$ 4000	CERTIFICATE	E OF DEATH	Registered No.			
BIRTH NO.		4 -	2 DATE	-		
1. NAME OF DECEASED (Type or Print)	hrdia	6.	2. DATE OF DEATH	4/5-2 3		
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (WI	here deceased lived If ins	titution : residence before admission		
B. FULL NAME OF (If not in hospital or institu	tion, give street address or location)	CONTRACT CONTRACT (16 a		- DVDAY 2		
INSTITUTION Storal & Hon	e tel	C. CITY OR TOWN . (If a	outside corporate limits, v	township)		
	Yrs.	D. STREET ADDRESS (If r	ural, give location)	1 /11		
c. gth of stay in Baltimore	6% Mes.		ne 4 Hosp	tel (House		
WIDO!	E, MARRIED, WED, DIVORCED (Specify)	7/10/72	9. AGE (In years / Month	et I Year If Under 24 Hours B Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	D F BUSINESS OR	11. SIRTHPLACE (State or for	eign country) ,   12	CITIZEN OF		
inmate of Home		maryla	nd	050		
13. PATHER'S NAME	0	14. MOTHER'S MATTEN NA	ME WAR			
John Wesley flag	d	Morgaret	e Elles	England		
15. WAS DECEASED EVER IN U. S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT	611 NADO	BESSEL CL.		
m.		Mys Dossell	1 to felle	00		
18.47 0 and 181x	CAUSE	OF DEATH	0	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY			7	ONSE! AND DENT		
(This does not mean the mode of dying, e.	en coro	nary occlu	useon	The state of the		
heart failure, asthenia, etc. It means the dises injury or complication which caused deat	ise,		***************************************	***************************************		
ANTECEDENT CAUSES		11.0.1.	11 1.			
Z Z	(B) art	. Hellevile	Heart Der	410		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST.						
	(6)					
II COMPLETIONS OF		1				
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	TED Cares	nome of Virin	ery Mather			
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION	1	YES NO		
21A. ACCIDENT WAS UNDER.   21B. PL	ACE OF INJURY (e. g., is	or 21c. WHERE DID (If	in Baltimore City, give			
LYING OR CONTRIBUTING about home	s, farm, factory, street, office bldg., e	tk.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?			
of INJURY m.	WHILE AT NOT WHILE					
22. I hereby certify that I attended the		2	124/52 19	that I last saw th		
	and that death occur		e causes and on the			
23A SIGNATURE		3B. ADDRESS	11-1-1	23C. DATE SIGNED		
losin pronton	M. D. 6	unser Hond	A HORFUL	4/24/50		
24AC BURIAL CREMA- 24B. DATE	24C. NAME OF CEMETE	- //	SATION (City, town, or	county) (State)		
Junal Spuldb/52	forrain		allinos	Maryand		
DATE RECEIVED BY COCAL REGISTRAR SIGNAT	URE	25. EUNERAL DIRECTOR	10000	DORESS		
APR 25 1952   Tuntington	1/11:	Joung Wyen	J 005 /4	MIGUE		